

Name  
is  
Full

Clarence W. Askins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |                              |                      |   |                 |               |
|---|------------------------------|----------------------|---|-----------------|---------------|
| Died at <u>Brighton</u> Town                          |                              | <u>Montg.</u> County |   | MARYLAND        |               |
| Date of death <u>1907</u>                             | Month <u>Apr.</u>            | Day <u>7</u>         | Age <u>      </u>                       | Months <u>2</u> | Days <u>2</u> |
| Sex <u>Male</u>                                       | Color or Race <u>Colored</u> |                      | Birth-place <u>Brighton</u>             |                 |               |
| Occupation  |                              |                      | Where Residing if not at place of death |                 |               |
| Married, Single or Widowed                            |                              |                      | Name of Wife or Husband                 |                 |               |
| Father's Name <u>George C. Askins</u>                 |                              |                      | Father's Birthplace <u>Brookville</u>   |                 |               |
| Mother's Maiden Name <u>Georganna Russell</u>         |                              |                      | Mother's Birthplace <u>Mt. Lion</u>     |                 |               |
| Name of person giving information <u>G. C. Askins</u> |                              |                      | How related to deceased <u>Father</u>   |                 |               |

## CAUSES OF DEATH

175

PHYSICIAN  
OR CORONER

|  |  |  |               |
|--|--|--|---------------|
| Primary  | <u>Opium Poisoning (Godfrey's Cordial)</u> | How long                                   | <u>4 days</u> |
| Immediate  | <u>Coma</u>                                | How long                                   |               |
| Are the name, age, sex, color, date and place correctly given above?   |  | Signature of Physician <u>Aug. Stabler</u> |               |
|  |  | Address <u>Brighton</u>                    |               |
| <div style="display: flex; align-items: center;"> <span style="font-size: 2em; margin-right: 10px;">8</span> <div>             Accident or Suicide?             <div style="background-color: black; width: 30px; height: 30px; border-radius: 50%; margin-left: 10px;"></div> </div> </div> |  |  |               |



Name  
in  
Full

Not named

Baker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

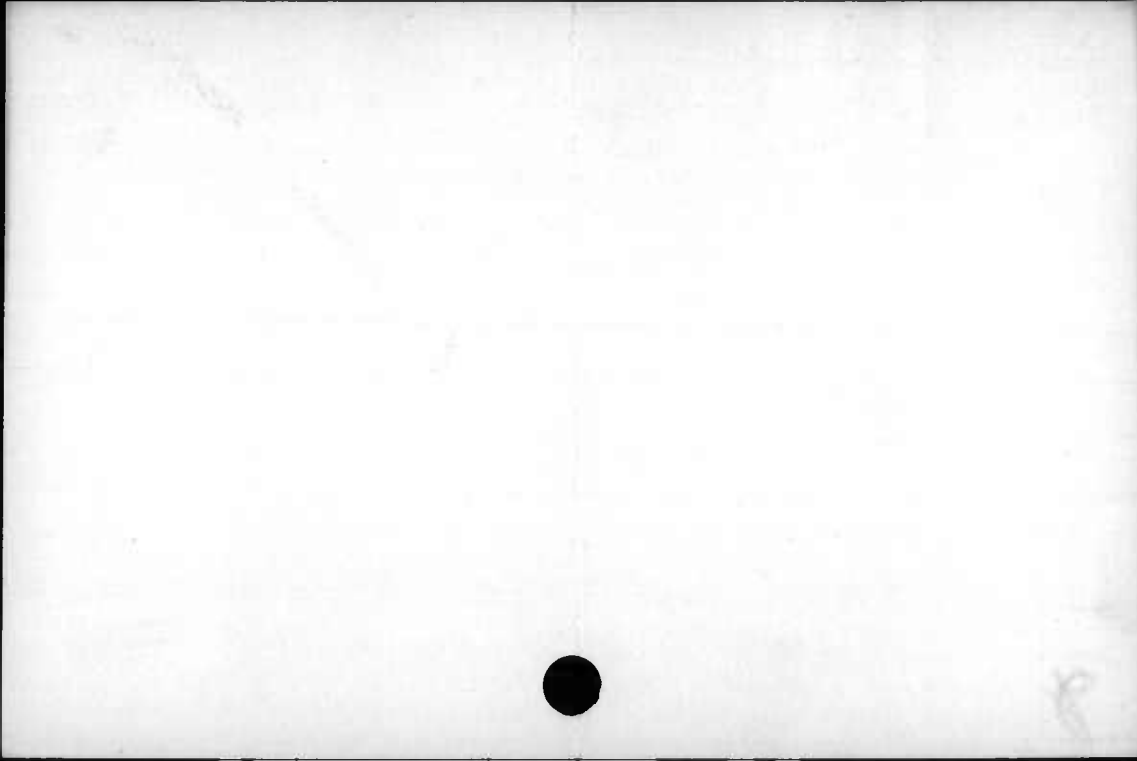
|   |             |  |                 |                                      |                    |
|---|-------------|--|-----------------|--------------------------------------|--------------------|
| Died at <i>Coleville</i> Town                   |             | <i>Montg</i> County                      |                 | MARYLAND                             |                    |
| Date of death                                   | <i>1907</i> | Month<br><i>April</i>                    | Day<br><i>1</i> | Years<br><i>0</i>                    | Months<br><i>0</i> |
| Sex<br><i>Male</i>                              |             | Color or Race<br><i>Colored</i>          |                 | Birth-place<br><i>Coleville, Md.</i> |                    |
| Occupation<br><i>0</i>                          |             | Where Residing if not at place of death  |                 |                                      |                    |
| Married, Single or Widowed<br><i>Single</i>     |             | Name of Wife or Husband                  |                 |                                      |                    |
| Father's Name<br><i>John Baker</i>              |             | Father's Birthplace<br><i>Md.</i>        |                 |                                      |                    |
| Mother's Maiden Name<br><i>Viola Taylor</i>     |             | Mother's Birthplace<br><i>"</i>          |                 |                                      |                    |
| Name of person giving information<br><i>" "</i> |             | How related to deceased<br><i>Mother</i> |                 |                                      |                    |

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

|  |                         |  |               |
|--|-------------------------|--|---------------|
| Primary  | <i>Uremic Poisoning</i> | How long                                     | <i>2 days</i> |
| Immediate  | <i>Convulsion</i>       | How long                                     |               |
| Are the name, age, sex, color, date and place correctly given above? |                         | Signature of Physician<br><i>H. T. Brown</i> |               |
| <i>Yes.</i>  |                         | Address<br><i>Silver Spring Md.</i>          |               |
| Accident or Suicide?   |                         |  |               |



Name  
in  
Full

## CERTIFICATE OF DEATH

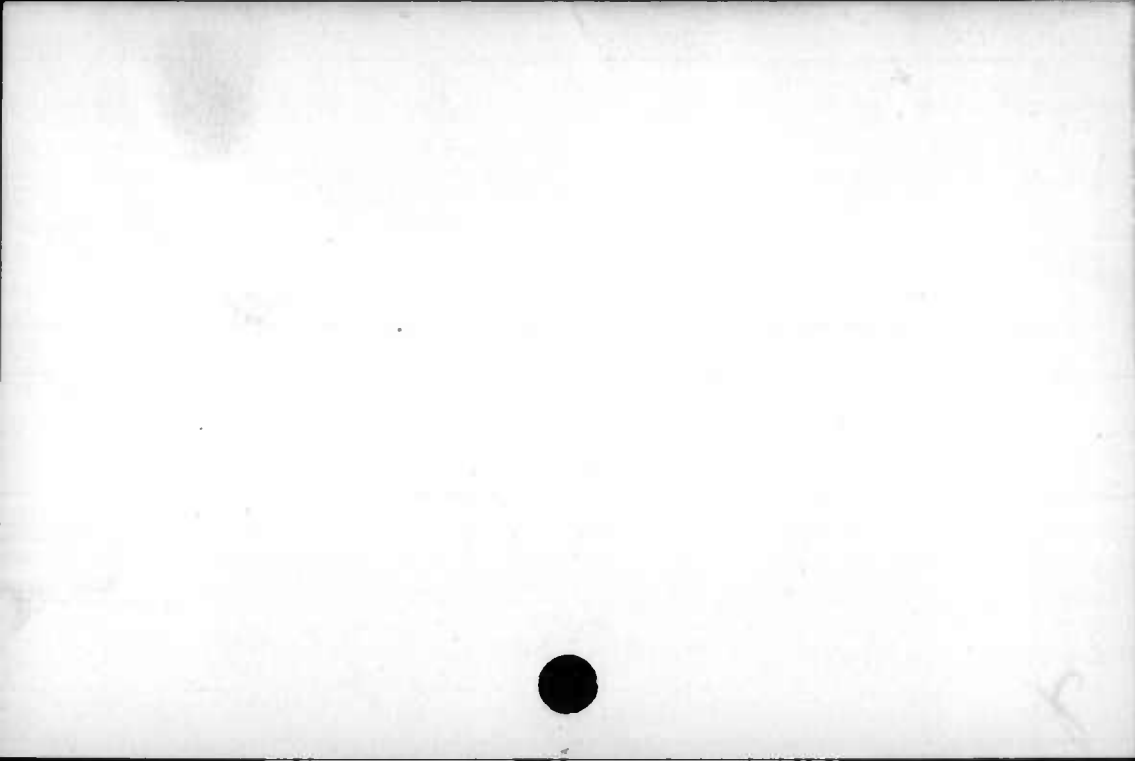
TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |  |  |                                       |                                |
|---|--|--|--|---------------------------------------|--------------------------------|
| Died at<br><i>Potomac</i> <small>Town</small>                   |  | <i>Montgomery</i> <small>County</small>                |  | MARYLAND                              |                                |
| Date<br>of death <i>1907</i>                                    |  | <i>APR 26 1907</i>                                     |  | Age<br><i>23</i> <small>Years</small> | <i>—</i> <small>Months</small> |
| Sex<br><i>Female</i>  |  | Color or<br>Race<br><i>White</i>                       |  | Birth-<br>place<br><i>Va.</i>         |                                |
| Occupation<br><i>None</i>                                       |  | Where Residing if not<br>at place of death<br><i>—</i> |  |                                       |                                |
| Married, Single<br>or Widowed<br><i>Single</i>                  |  | Name of Wife or<br>Husband<br><i>—</i>                 |  |                                       |                                |
| Father's<br>Name<br><i>David H. Beall</i>                       |  | Father's<br>Birthplace<br><i>Fredt Co. Md.</i>         |  |                                       |                                |
| Mother's<br>Maiden Name<br><i>Annie L. Walker</i>               |  | Mother's<br>Birthplace<br><i>Va.</i>                   |  |                                       |                                |
| Name of person giving<br>In formation<br><i>David H. Beall.</i> |  | How related<br>to deceased<br><i>Father</i>            |  |                                       |                                |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary<br><i>Chronic Myelitis</i>  | How long<br><i>Since birth</i>                  |
| Immediate<br><i>Epileptic convulsions</i>   | How long<br><i>Four days.</i>                   |
| Are the name, age, sex, color, date<br>and place correctly given above?<br><i>Yes</i> | Signature of<br>Physician<br><i>H. J. Pratt</i> |
|   | Address<br><i>Potomac</i>                       |
| Accident or Suicide?<br><i>—</i>  | <i>Md.</i>                                      |



Name  
in  
Full

Bell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Martin'sburg* Town *Montgomery* County  
 Date of death *1907* Month *April* Day *12* Age *Still born* Years Months Days

Sex *Male* Color or Race *negro* Birth-place

Occupation Where Residing if not at place of death

Married, Single or Widowed ☒ Name of Wife or Husband

Father's Name *Grant Bell* Father's Birthplace *Martin'sburg*

Mother's Maiden Name *Lizzie Brooke* Mother's Birthplace *Martin'sburg*

Name of person giving information *Ellen Bell* How related to deceased *Grand Mother*

## CAUSES OF DEATH

Primary *Still born* How long *(S)*

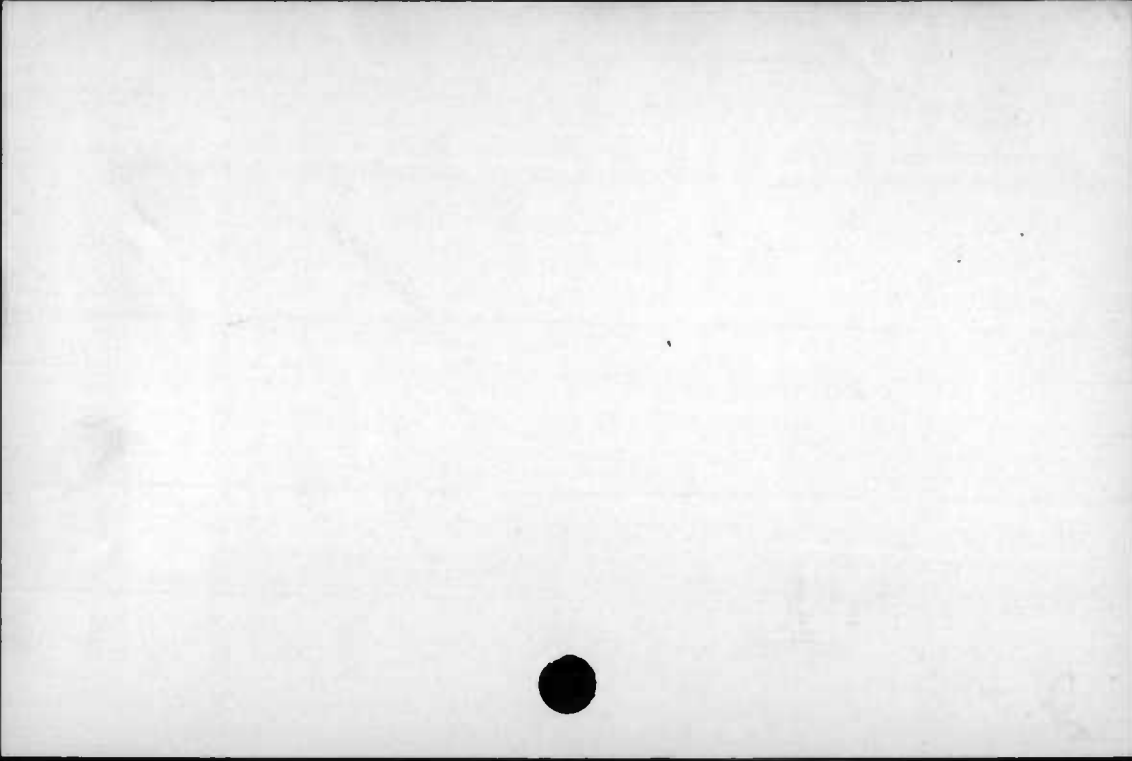
Immediate How long

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *R. J. Photo sub reg*

Address *Podievillo Md*

Accident or Suicide? ☒

PHYSICIAN  
OR CORONER





Name  
in  
Full

Betsy Bowman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

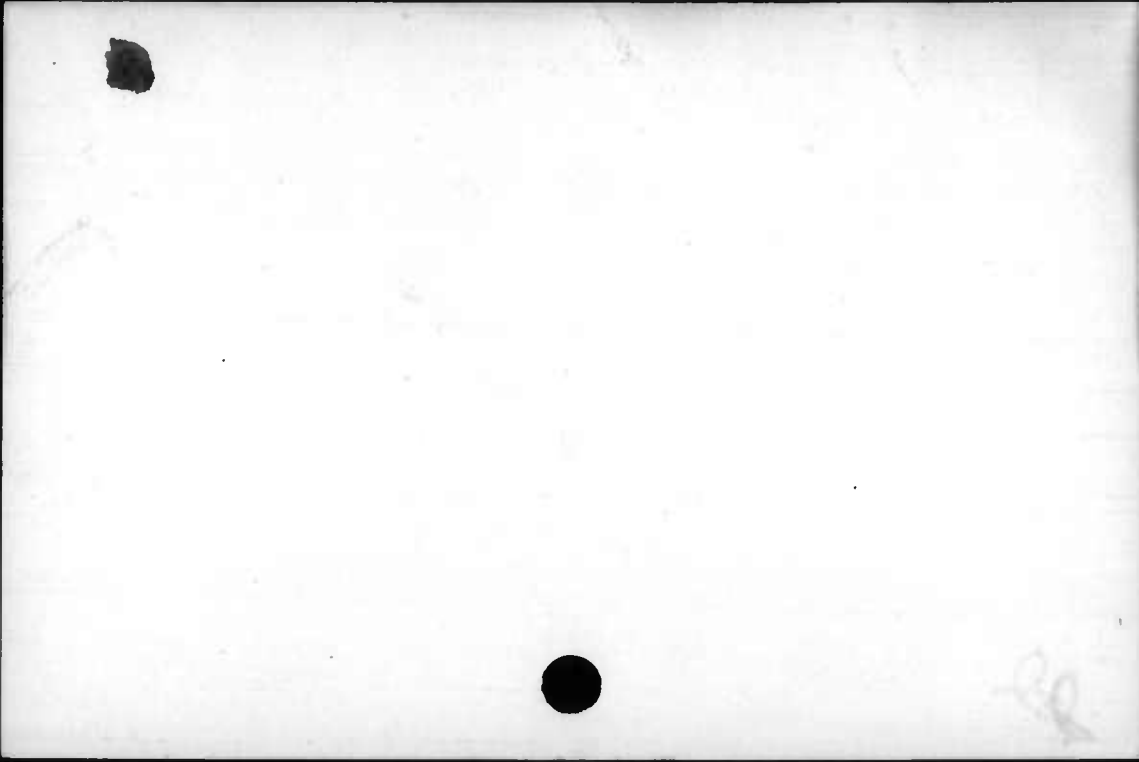
|  |  |   |  |                                  |  |                               |  |
|--|--|---|--|----------------------------------|--|-------------------------------|--|
| Died at  |  | Town <i>Propley</i>   |  | County <i>Montgomery</i>         |  | STATE <i>MARYLAND</i>         |  |
| Date of death  |  | 1907 <i>APR</i> <i>13</i>                                       |  | Age <i>45</i>                    |  | Months <i>—</i> Days <i>—</i> |  |
| Sex <i>Female</i>                                      |  | Color or Race <i>Black</i>                                      |  | Birth-place <i>Md (Chas' Co)</i> |  |                               |  |
| Occupation <i>Housewife (Cook)</i>                     |  | Where Residing if not at place of death <i>Washington, D.C.</i> |  |                                  |  |                               |  |
| Married, Single or Widowed <i>Widowed</i>              |  | Name of Wife or Husband <i>Jane Bowman</i>                      |  |                                  |  |                               |  |
| Father's Name <i>Jos Torney</i>                        |  | Father's Birthplace <i>Md (Chas' Co)</i>                        |  |                                  |  |                               |  |
| Mother's Maiden Name <i>Ailey Short</i>                |  | Mother's Birthplace <i>Md (Chas' Co)</i>                        |  |                                  |  |                               |  |
| Name of person giving information <i>Chas Raudaels</i> |  | How related to deceased <i>Daughter</i>                         |  |                                  |  |                               |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |  |  |
|--|--|--|--|
| Primary <i>Pulmonary Tuberculosis</i>                                |  | How long <i>4 months</i>                 |  |
| Immediate <i>Pulmonary haemorrhage</i>                               |  | How long <i>3 days</i>                   |  |
| Are the name, age, sex, color, date and place correctly given above? |  | Signature of Physician <i>N J. Pratt</i> |  |
| <i>Yes</i>   |  | Address <i>Potomac Md.</i>               |  |
| Accident or Suicide?   |  |  |  |

27



Name  
in  
Full

CERTIFICATE OF DEATH

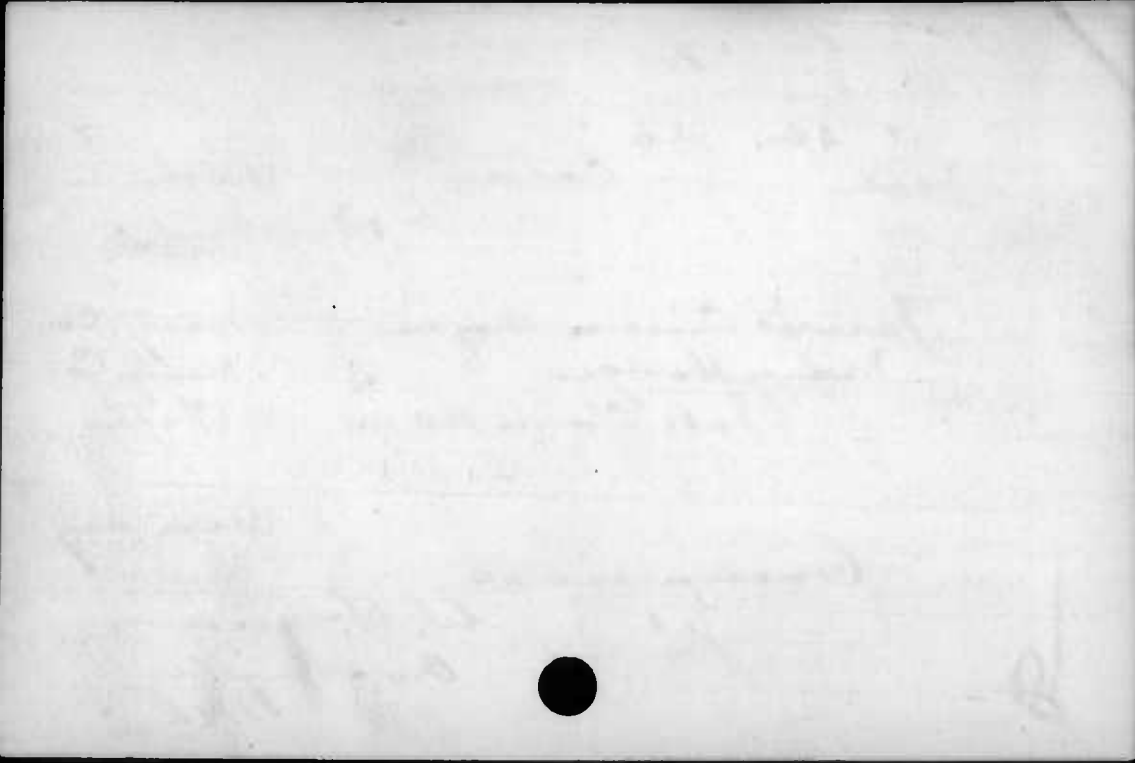
TO BE ANSWERED BY  
NEAREST FRIEND

|   |   |                          |   |          |      |
|---|---|--------------------------|---|----------|------|
| Died at <u>Unity</u> Town                 |   | <u>Montgomery</u> County |   | MARYLAND |      |
| Date of death <u>1907</u>                 | Month <u>Apr</u>                                  | Day <u>29</u>            | Age <u>Unknown</u>                      | Months   | Days |
| Sex <u>Female</u>                         | Color or Race <u>Black</u>                        |                          | Birth-place <u>Howard Co.</u>           |          |      |
| Occupation <u>book</u>                    |   |                          | Where Residing if not at place of death |          |      |
| Married, Single or Widowed <u>Married</u> | Name of Wife or Husband <u>Mr Brent</u>           |                          |   |          |      |
| Father's Name <u>Unknown</u>              | Father's Birthplace <u>Unknown</u>                |                          | Mother's Birthplace <u>Unknown</u>      |          |      |
| Mother's Maiden Name <u>Unknown</u>       | Name of person giving information <u>Mr Brent</u> |                          | How related to deceased <u>Husband</u>  |          |      |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <u>Pneumonia</u>  | How long <u>4 days</u>                      |
| Immediate <u>Acute Dilatation of Heart</u>                                      | How long                                    |
| Are the name, age, sex, color, date and place correctly given above? <u>YES</u> | Signature of Physician <u>A. G. Soumier</u> |
|   | Address <u>Unity</u>                        |
| Accident or Suicide?  |   |



Name  
in  
Full

Wm. Harry Brogden

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Brookville <sup>Town</sup> Montgomery <sup>County</sup>

Date of death 1907 <sup>Month</sup> Apr. <sup>Day</sup> 20 <sup>Age</sup> Years Months Days 7

Sex Male Color or Race Colored Birth-place Brookville

Occupation \_\_\_\_\_ Where Residing if not at place of death Brookville

Married, Single  
or Widowed \_\_\_\_\_Name of Wife or  
Husband \_\_\_\_\_Father's  
NameJamies Clarence BrogdenFather's  
BirthplaceMonty. Co.Mother's  
Maiden NameMary HodgeMother's  
BirthplaceMonty. Co.Name of person giving  
InformationJas. Clarence BrogdenHow related  
to deceasedFather

## CAUSES OF DEATH

71

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date  
and place correctly given above?YesSignature of  
PhysicianW. F. Green

Address

Brookville,Md.Accident or Suicide? \_\_\_\_\_



Name  
in  
Full

Matilda Elizabeth Butt

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

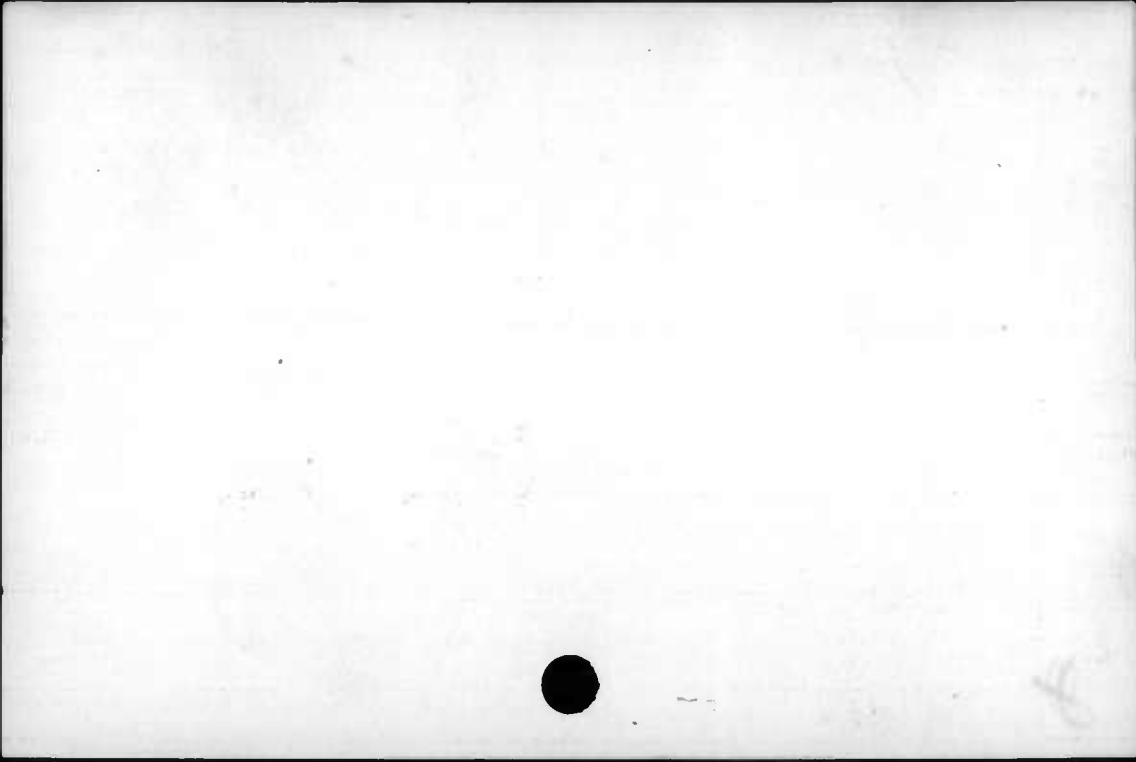
|  |  |   |                |                             |           |            |             |
|--|--|---|----------------|-----------------------------|-----------|------------|-------------|
| Died at  |  | Town<br>Polomac                         |                | County<br>Montgomery        |           | MARYLAND   |             |
| Date of death  |  | 1907                                    | Month<br>April | Day<br>22                   | Age<br>67 | Years<br>X | Months<br>X |
| Sex<br>Female  |  | Color or Race<br>White                  |                | Birth-place<br>Montg'co' Md |           |            |             |
| Occupation<br>Housework                              |  | Where Residing if not at place of death |                |                             |           |            |             |
| Married, Single or Widowed<br>Widowed                |  | Name of Wife or Husband<br>John E. Butt |                |                             |           |            |             |
| Father's Name<br>Thomas H. Offutt                    |  | Father's Birthplace<br>Md.              |                |                             |           |            |             |
| Mother's Maiden Name<br>Matilda Harris               |  | Mother's Birthplace<br>Md.              |                |                             |           |            |             |
| Name of person giving information<br>Lavinia U. Hill |  | How related to deceased<br>Daughter     |                |                             |           |            |             |

CAUSES OF DEATH

(113)

PHYSICIAN  
OR CORONER

|  |                     |                        |             |
|--|---------------------|------------------------|-------------|
| Primary  | Impacted Gall-stone | How long               | Four days   |
| Immediate  | Gastro-duodenitis   | How long               | Twelve days |
| Are the name, age, sex, color, date and place correctly given above? |                     | Signature of Physician |             |
| Yes  |                     | W. J. Pratt            |             |
|  |                     | Address<br>Polomac Md. |             |
| Accident or Suicide?   |                     |                        |             |





Name  
in  
Full

Geo. Butler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Emory County Montgomery **MARYLAND**

Died at Emory

Date of death 1907 4 Month 24 Day 80 Years — Months — Days

Sex Male Color or Race Caucasian Birth-Place —

Occupation Laborer Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband —

Father's Name X Father's Birthplace X

Mother's Maiden Name X Mother's Birthplace X

Name of person giving information J. A. Ray How related to deceased X

## CAUSES OF DEATH

(93)

PHYSICIAN  
OR CORONER

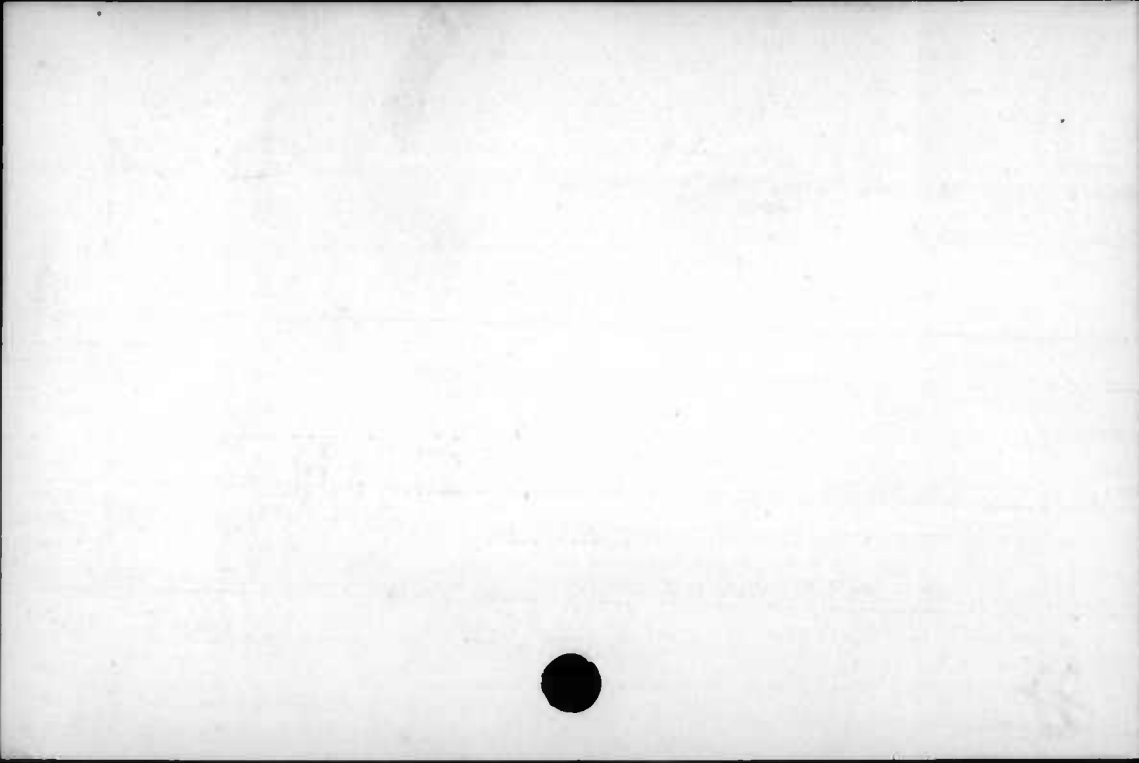
Primary Labor Pneumonia How long 5 Days

Immediate Exhaustion How long —

Are the name, age, sex, color, date and place correctly given above? X

Signature of Physician O. M. Smith Address Rockville Md

Accident or Suicide? X



Name  
in  
Full

Eliza Ruth Carter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Podlesville* Town*Montgomery* CountyDate of death *1907 April*

Month

Day *4*Age *81* Years

Months

Days

Sex *Female*Color or  
Race*White*Birth-  
place*Va*

Occupation

*None*Where Residing if not  
at place of deathMarried, Single  
or WidowedName of ~~Wife~~  
Husband*George H. Carter*Father's  
Name*John Utterback*Father's  
Birthplace*Va*Mother's  
Maiden Name*Catharine Frazier*Mother's  
Birthplace*Va*Name of person giving  
Information*Henry Ford*How related  
to deceased*Nephew*

## CAUSES OF DEATH

Primary

*Old age*

How long

*154*

Immediate

*Heart Failure*

How long

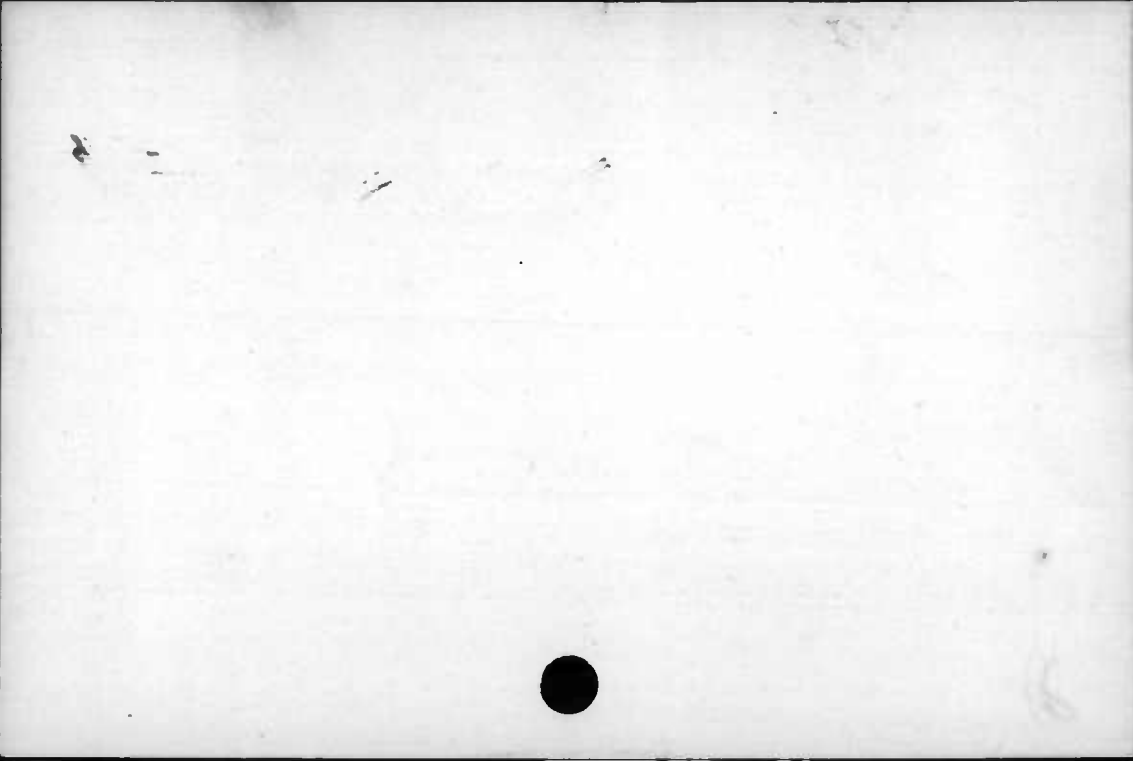
*Sudden*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*R. E. Lott*

Address

*Podlesville**Ind.*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Bluman

## CERTIFICATE OF DEATH

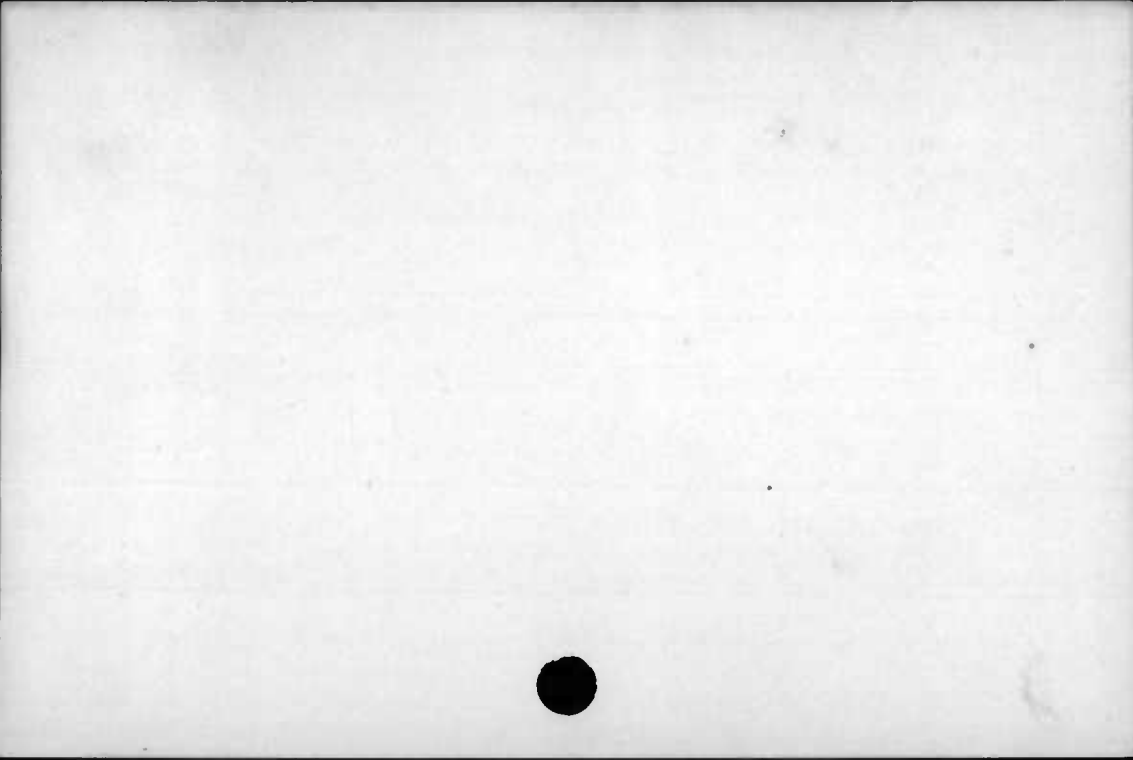
TO BE ANSWERED BY  
NEAREST FRIEND

|  |                            |                                     |   |          |                 |      |
|--|----------------------------|-------------------------------------|---|----------|-----------------|------|
| Died at <i>Martinsburg</i> <sup>Town</sup>             |                            | <i>Montgomery</i> <sup>County</sup> |   | MARYLAND |                 |      |
| Date of death <i>1904</i>                              | Month <i>Apr</i>           | Day <i>5</i>                        | Age   | Years    | Months <i>2</i> | Days |
| Sex <i>Boy</i>   | Color or Race <i>negro</i> |                                     | Birth-place <i>Martinsburg</i>              |          |                 |      |
| Occupation   |                            |                                     | Where Residing if not at place of death     |          |                 |      |
| Married, Single or Widowed                             |                            |                                     | Name of Wife or Husband                     |          |                 |      |
| Father's Name <i>Wesley Coleman</i>                    |                            |                                     | Father's Birthplace <i>Polesville Md.</i>   |          |                 |      |
| Mother's Maiden Name <i>Harriet Bluman</i>             |                            |                                     | Mother's Birthplace <i>Martinsburg</i>      |          |                 |      |
| Name of person giving information <i>Wesley Bluman</i> |                            |                                     | How related to deceased <i>grand father</i> |          |                 |      |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |                          |
|---|--|--------------------------|
| Primary <i>Deep - Cold</i>  | <i>87</i>  | How long <i>2 months</i> |
| Immediate   |  | How long                 |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>R. L. Hunt sub reg</i> |                          |
|   | Address <i>Polesville Md</i>                     |                          |
| Accident or Suicide?  |  |                          |



Name  
in  
Full

Laura Corn

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                     |                   |   |                     |                   |                       |                      |
|-----------------------------------|---------------------|-------------------|---|---------------------|-------------------|-----------------------|----------------------|
| Died <i>Mar Dausonville</i>       |                     | Town <i>Monty</i> |   | County <i>Monty</i> |                   | STATE <i>MARYLAND</i> |                      |
| Date of death                     | 1907                | Month             | 4                                       | Day                 | 24                | Age                   | 27                   |
| Sex                               | <i>Female</i>       |                   | Color or Race                           | <i>negro</i>        |                   | Birth-place           | <i>Monty Co. Md.</i> |
| Occupation                        | <i>Housewife</i>    |                   | Where Residing if not at place of death |                     |                   |                       |                      |
| Married, Single or Widowed        | <i>Single</i>       |                   | Name of Wife or Husband                 |                     | <i>Frank Corn</i> |                       |                      |
| Father's Name                     | <i>John Jenkins</i> |                   | Father's Birthplace                     |                     | <i>Monty Co.</i>  |                       |                      |
| Mother's Maiden Name              | <i>Unknown</i>      |                   | Mother's Birthplace                     |                     | <i>Monty Co.</i>  |                       |                      |
| Name of person giving information | <i>Physician</i>    |                   | How related to deceased                 |                     | <i>—</i>          |                       |                      |

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

|  |                              |                        |                          |
|--|------------------------------|------------------------|--------------------------|
| Primary  | <i>Tuberculosis</i>          | How long               | <i>6 yrs.</i>            |
| Immediate  | <i>tubercular meningitis</i> | How long               | <i>2 weeks.</i>          |
| Are the name, age, sex, color, date and place correctly given above? |                              | Signature of Physician | <i>H. D. Pounce M.D.</i> |
| <i>yes</i>   |                              | Address                | <i>Dausonville Md.</i>   |
| Accident or Suicide?   |                              |                        |                          |





Name  
in  
Full

Margaretta L. S. Duncan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Bethesda <sup>Town</sup> Montgomery <sup>County</sup> MARYLAND

Date of death 1907 <sup>Month</sup> 4 <sup>Day</sup> 19 <sup>Years</sup> 79 <sup>Months</sup> - <sup>Days</sup> -

Sex Female Color or Race white Birth-place D.C.

Occupation none Where Residing if not at place of death -

Married, Single or Widowed Single Name of Wife or Husband ✓

Father's Name Stephen Duncan Father's Birthplace Penna.

Mother's Maiden Name Louisa Pollard Mother's Birthplace Maryland

Name of person giving information Mrs. H. G. Hodgkins How related to deceased Niece

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary Senility How long -

Immediate Diarrhoea with Asthenia How long 2 months

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician John L. Lewis, M.D.

Address Bethesda, Md.

Accident or Suicide? -



Name  
in  
Full

## CERTIFICATE OF DEATH

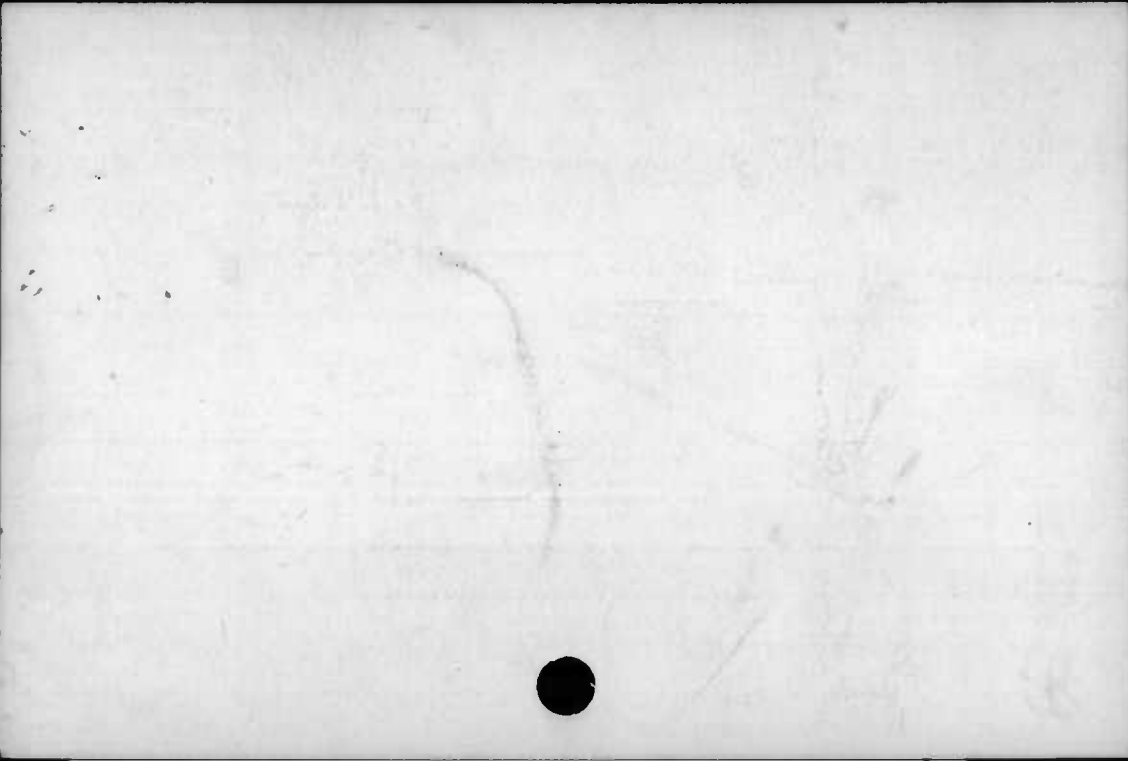
TO BE ANSWERED BY  
NEAREST FRIEND

|  |              |                                     |                         |                     |                  |
|--|--------------|-------------------------------------|-------------------------|---------------------|------------------|
| Died at <i>Roadville</i> <sup>Town</sup> |              | <i>Montgomery</i> <sup>County</sup> |                         | MARYLAND            |                  |
| Date of death                            | 1907         | Month                               | 4                       | Day                 | 30 <sup>th</sup> |
| Age                                      |              | 68                                  |                         | Years               |                  |
| Sex                                      | Male         |                                     | Color or Race           | white               |                  |
| Occupation                               | none         |                                     | Birth-place             | Md                  |                  |
| Where Residing if not at place of death  |              |                                     | X                       |                     |                  |
| Married, Single or Widowed               | Married      |                                     | Name of Wife or Husband | Sarah Williams Eger |                  |
| Father's Name                            | Wm Eagle     |                                     | Father's Birthplace     | Md                  |                  |
| Mother's Maiden Name                     | Ruth Bradley |                                     | Mother's Birthplace     | Md                  |                  |
| Name of person giving information        |              |                                     | How related to deceased |                     |                  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |   |                         |          |                |
|--|---|-------------------------|----------|----------------|
| Primary  | <i>Sudden death, following coronary</i> |                         | How long | <i>Several</i> |
| Immediate  | <i>Exhaustion</i>                       |                         | How long | <i>7-8</i>     |
| Are the name, age, sex, color, date and place correctly given above? |   | Signature of Physician  |          |                |
| no   |   | <i>O. M. L. Thacker</i> |          |                |
|  |   | Address                 |          |                |
|  |   | <i>Roadville</i>        |          |                |
|  |   | Md                      |          |                |
| Accident or Suicide?   |   |                         |          |                |



Name

in

Full

Eulalie Eales

## CERTIFICATE OF DEATH

Town

County

Died at

Kearnington

Montgomery

MARYLAND

Date

of death

1904

Month

Apr.

Day

8

Age

Years

83

Months

3

Days

27

Sex

Female

Color or Race

White

Birth-place

Mo

Occupation

None

Where Residing if not at place of death

Same

Married, Single or Widowed

Widow

Name of Wife or Husband

H. A. Eales deceased

Father's Name

J. Gaudier

Father's Birthplace

France

Mother's Maiden Name

- Guiterok

Mother's Birthplace

France

Name of person giving information

J. A. Gaudier

How related to deceased

Daughter

## CAUSES OF DEATH

Primary

Paralysis

(64)

How long

3 days

Immediate

Hemiplegia of the right

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

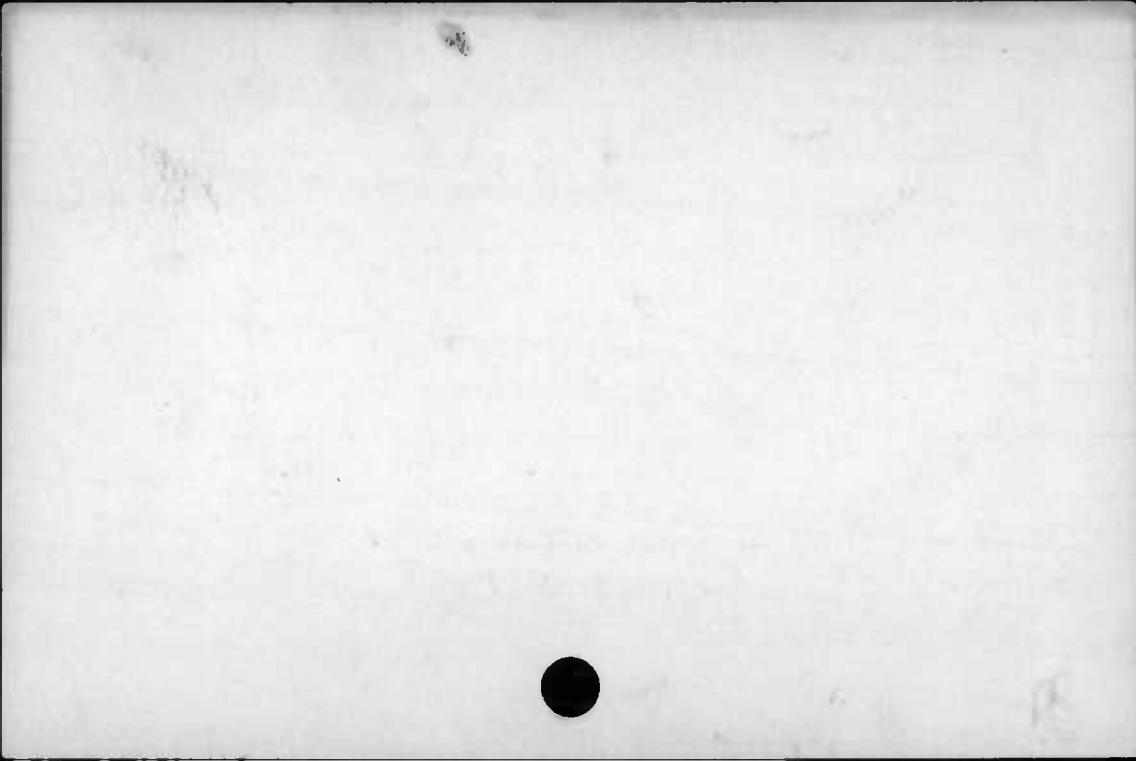
J. A. Gaudier  
Kearnington

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

8



Name  
in  
Full

CERTIFICATE OF DEATH

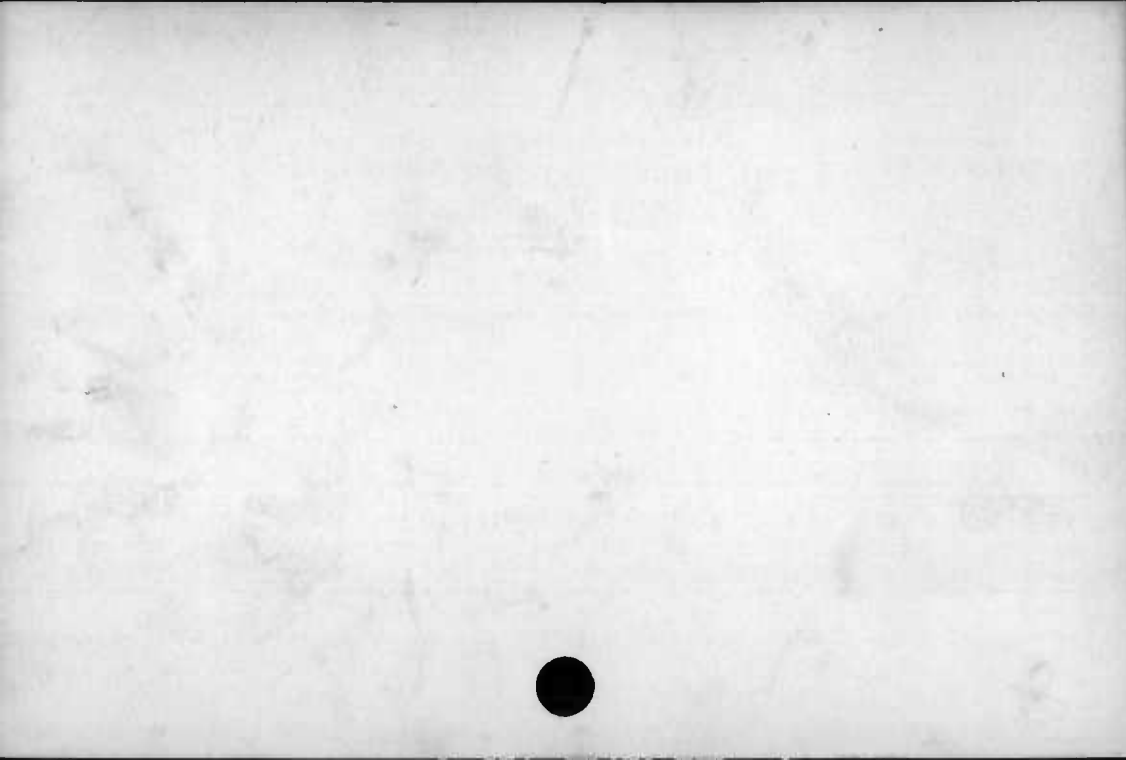
TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |
|---|--|
| Died at <i>Thetford</i> Town <i>Montgomery</i> County <i>Maryland</i>       |  |
| Date of death <i>1907</i> <i>Apr.</i> <i>28</i> <i>one hour</i>             | Age <i>Years</i> <i>Months</i> <i>Days</i>                                 |
| Sex <i>Male</i> Color or Race <i>Black</i> Birthplace <i>Thetford</i>       | Occupation <i>None</i> Where Residing if not at place of death <i>Same</i> |
| Married, Single or Widowed <i>Single</i> Name of Wife or Husband            | Father's Birthplace <i>Pa</i>  |
| Father's Name <i>Rakut Ellison</i> Mother's Maiden Name <i>Hattie Brown</i> | Mother's Birthplace <i>Pa</i>  |
| Name of person giving information <i>Rakut Ellison</i>                      | How related to deceased <i>Father</i>                                      |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <i>Premature Birth</i>  | How long <i>151</i> <i>One hour</i>        |
| Immediate <i>Premature Birth</i>  | How long <i>One hour</i>                   |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Eugene Jones</i> |
| Accident or Suicide? <i>No</i>  | Address <i>Remington</i>                   |





Name  
in  
Full

## CERTIFICATE OF DEATH

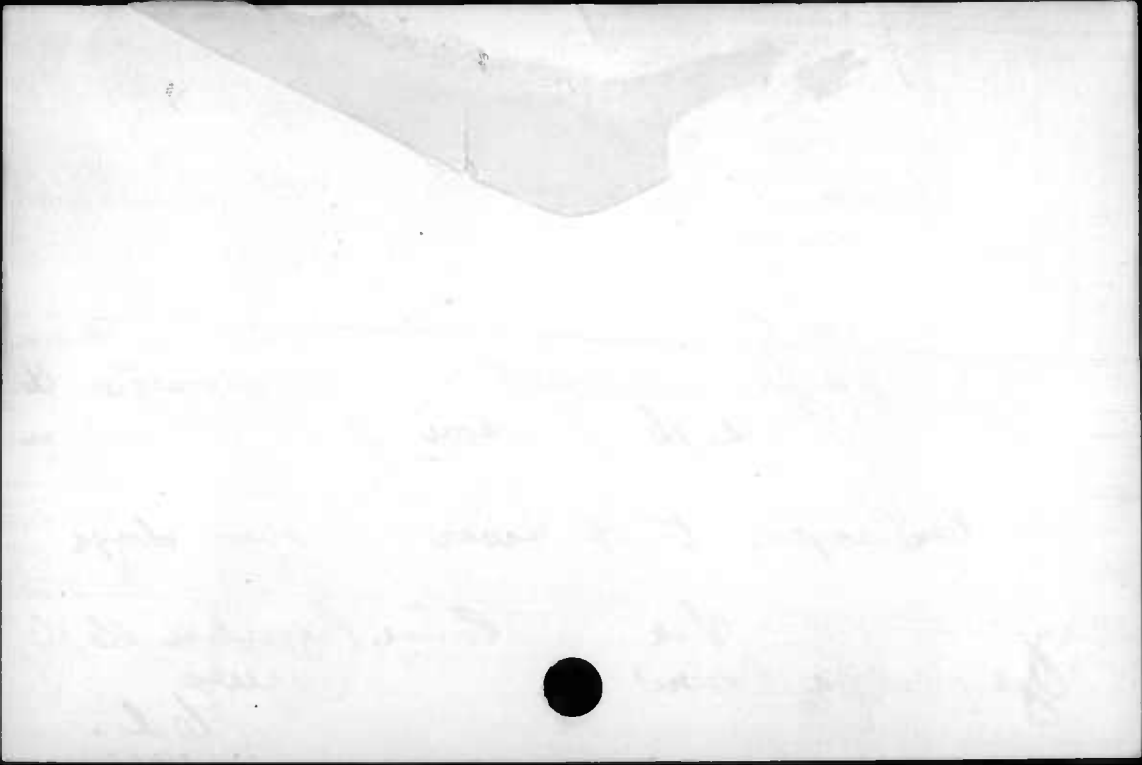
TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |  |  |                                     |  |   |  |
|--|--|--|--|-------------------------------------|--|---|--|
| Died at<br><i>Cabin John</i>                                   |  | Town<br><i>John</i>                                    |  | County<br><i>Montgomery</i>         |  | MARYLAND  |  |
| Date<br>of death <i>190</i> <b>APR</b> <i>18</i> 1907          |  | Month  |  | Days                                |  | Age<br>Years <i>1</i> Months <i>7</i> Days <i>—</i> |  |
| Sex<br><i>Male</i>   |  | Color or<br>Race<br><i>Black</i>                       |  | Birth-<br>place<br><i>Wash' DC.</i> |  |   |  |
| Occupation<br><i>Infant</i>                                    |  | Where Residing if not<br>at place of death<br><i>—</i> |  |                                     |  |   |  |
| Married, Single<br>or Widowed<br><i>—</i>                      |  | Name of Wife or<br>Husband<br><i>X</i>                 |  |                                     |  |   |  |
| Father's<br>Name<br><i>Unknown</i>                             |  | Father's<br>Birthplace<br><i>X</i>                     |  |                                     |  |   |  |
| Mother's<br>Maiden Name<br><i>Bertha Gibson</i>                |  | Mother's<br>Birthplace<br><i>Monty Co. Md</i>          |  |                                     |  |   |  |
| Name of person giving<br>In formation<br><i>Silas Richards</i> |  | How related<br>to deceased<br><i>no one</i>            |  |                                     |  |   |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |             |   |
|---|-------------|---|
| Primary<br><i>La Grippe</i>   | <b>(10)</b> | How long<br><i>10 days</i>                      |
| Immediate<br><i>Pneumonia</i>   |             | How long<br><i>11 days.</i>                     |
| Are the name, age, sex, color, date<br>and place correctly given above? |             | Signature of<br>Physician<br><i>H. J. Pratt</i> |
| <i>Yes</i>  |             | Address<br><i>Palomac Md.</i>                   |
| Accident or Suicide? <i>X</i>   |             |   |



Name  
in  
Full

Rufus Willis Hammond

CERTIFICATE OF DEATH

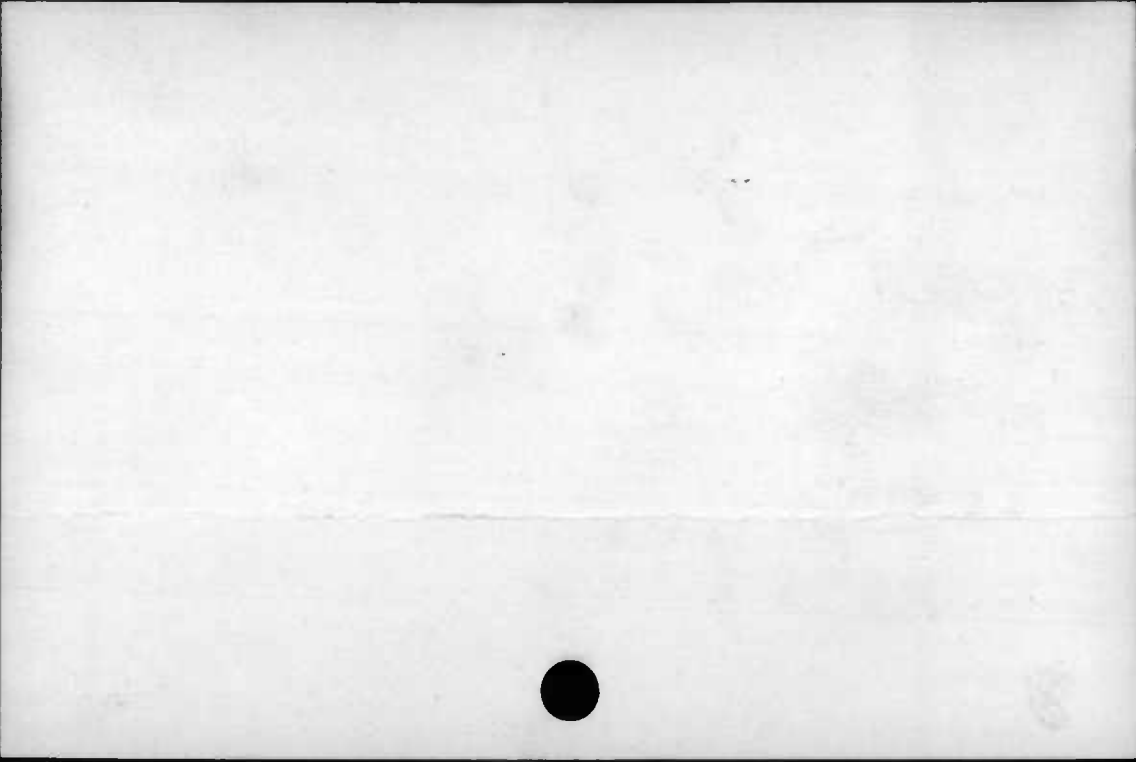
TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |                                     |   |                            |                          |
|--|--|-------------------------------------|---|----------------------------|--------------------------|
| Died at <i>Norbeck</i> <sup>Town</sup>                           |  | <i>Montgomery</i> <sup>County</sup> |   | MARYLAND                   |                          |
| Date of death 190  | <i>7</i> <sup>Month</sup> <i>April</i> | <i>6th</i> <sup>Day</sup>           | Age <i>One</i> <sup>Years</sup>                 | <i>3</i> <sup>Months</sup> | <i>—</i> <sup>Days</sup> |
| Sex <i>Male</i>  | Color or Race <i>Colored</i>           | Birth-place <i>Montg. Co. Md.</i>   |   |                            |                          |
| Married, Single or Widowed <i>Single</i>                         | Occupation <i>—</i>                    |                                     |   |                            |                          |
| Name of Wife or Husband <i>—</i>                                 |  |                                     |   |                            |                          |
| Father's Name <i>Henry White</i>                                 |  |                                     | Father's Birthplace <i>Montg. Co. Md.</i>       |                            |                          |
| Mother's Maiden Name <i>Blanche Rebecca Hammond</i>              |  |                                     | Mother's Birthplace <i>Montg. Co. Md.</i>       |                            |                          |
| Name of person giving information <i>Sarah Elizabeth Hammond</i> |  |                                     | How related to deceased <i>Step Grandmother</i> |                            |                          |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <i>Meningitis and Empoaction</i>  | How long <i>About one week</i>                 |
| Immediate <i>of Bowels</i>  | How long                                       |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Chas. Farguehar.</i> |
|   | Address <i>Olney, Md.</i>                      |
| Accident or Suicide?  |  |



Name  
in  
Full

Marshall Princeton Hawkins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

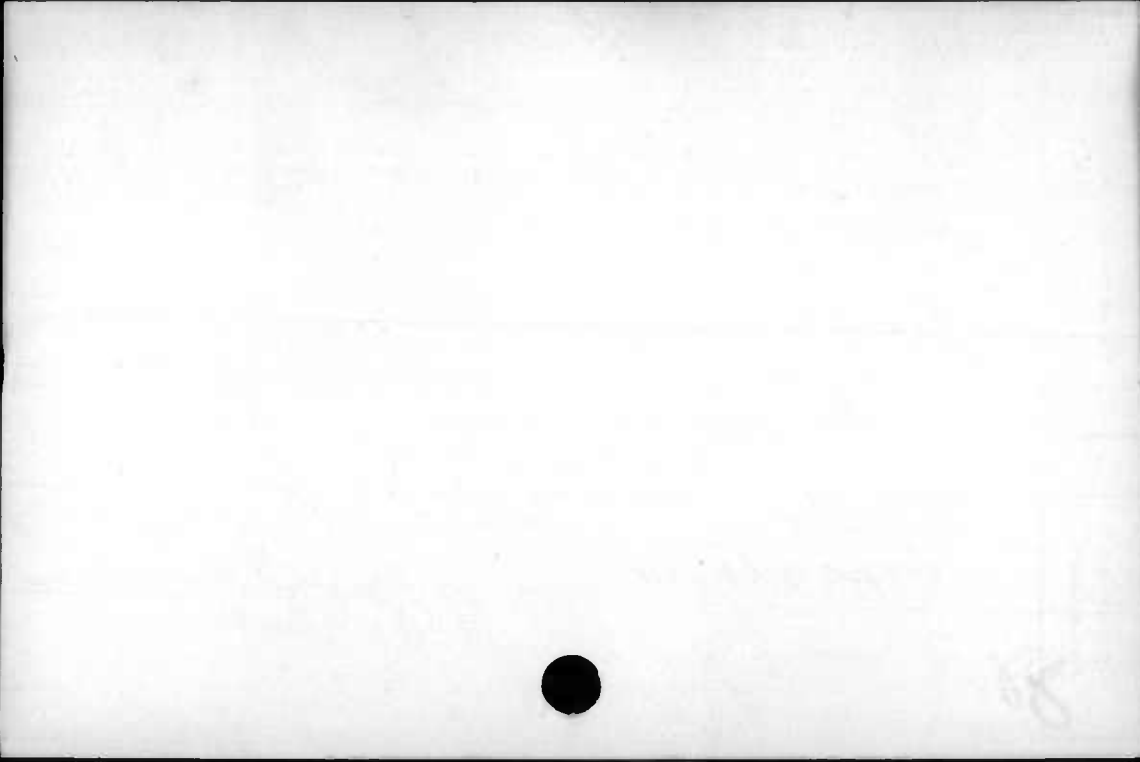
|  |      |  |   |                             |    |                               |   |
|--|------|--|---|-----------------------------|----|-------------------------------|---|
| Died at <i>near Rockville</i>                            |      | Town <i>Montgomery</i>                           |   | County                      |    | MARYLAND                      |   |
| Date of death  | 1907 | Month  | 4 | Day                         | 22 | Age                           | 1 |
| Sex <i>Male</i>  |      | Color or Race <i>Colored</i>                     |   | Birth-place <i>Maryland</i> |    | Months <i>1</i> Days <i>—</i> |   |
| Occupation <i>None</i>                                   |      | Where Residing if not at place of death <i>X</i> |   |                             |    |                               |   |
| Married, Single or Widowed <i>Single</i>                 |      | Name of Wife or Husband <i>X</i>                 |   |                             |    |                               |   |
| Father's Name <i>Hillary Hawkins</i>                     |      | Father's Birthplace <i>Maryland</i>              |   |                             |    |                               |   |
| Mother's Maiden Name <i>Alice Fisher</i>                 |      | Mother's Birthplace <i>D. C.</i>                 |   |                             |    |                               |   |
| Name of person giving information <i>Hillary Hawkins</i> |      | How related to deceased <i>Father</i>            |   |                             |    |                               |   |

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

|   |                   |  |                  |
|---|-------------------|--|------------------|
| Primary   | <i>Pneumonia</i>  | How long   | <i>Two weeks</i> |
| Immediate   | <i>Exhaustion</i> | How long   | <i>One day</i>   |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> |                   | Signature of Physician <i>Edward Anderson M.D.</i> |                  |
|   |                   | Address <i>Rockville, Md.</i>                      |                  |
| Accident or Suicide? <i>X</i>   |                   |  |                  |



Name  
in  
Full

Charlie Hayes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

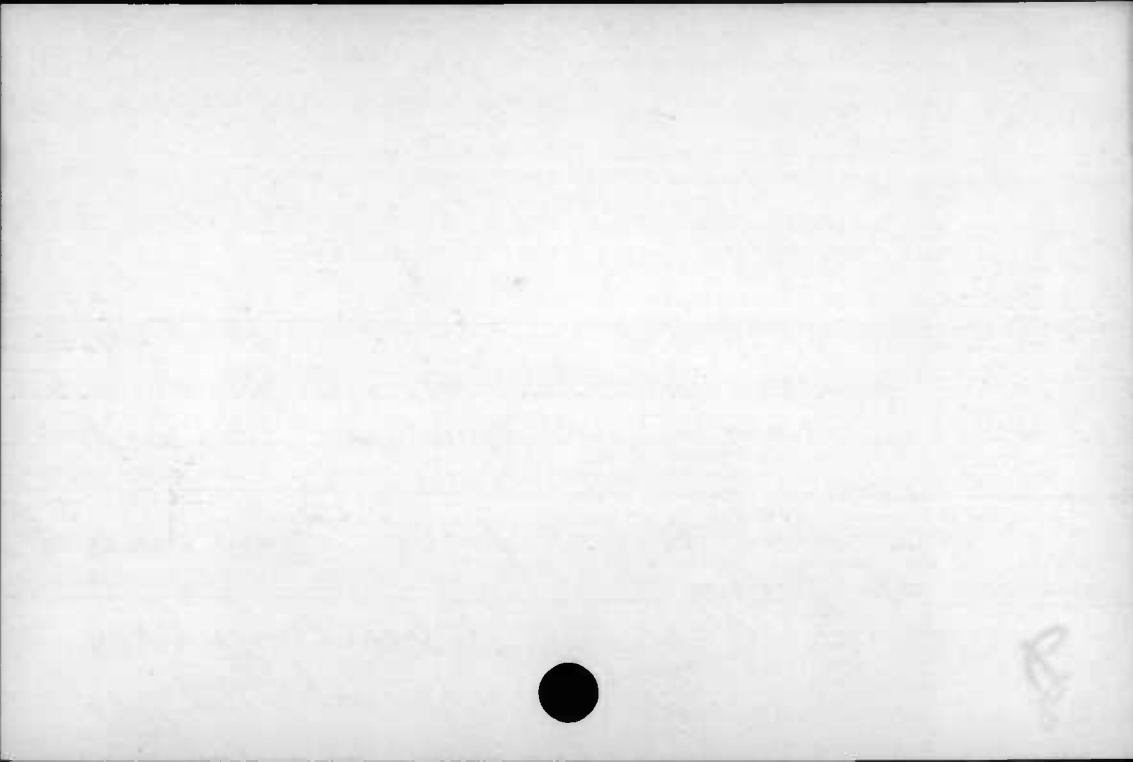
|   |                               |                                     |  |                            |                          |
|---|-------------------------------|-------------------------------------|--|----------------------------|--------------------------|
| Died at <i>Norbeck</i> <sup>Town</sup>                    |                               | <i>Montgomery</i> <sup>County</sup> |  | MARYLAND                   |                          |
| Date of death 1907  | <i>April</i> <sup>Month</sup> | <i>Mid</i> <sup>Day</sup>           | <i>4</i> <sup>Years</sup>                  | <i>—</i> <sup>Months</sup> | <i>—</i> <sup>Days</sup> |
| Sex <i>Male</i>   | Color or Race <i>Colored</i>  |                                     | Birth place <i>Montg. Co., Md.</i>         |                            |                          |
| Married, Single or Widowed <i>Single</i>                  |                               | Occupation <i>—</i>                 |  |                            |                          |
| Name of Wife or Husband <i>—</i>                          |                               |                                     |  |                            |                          |
| Father's Name <i>Robert Hayes</i>                         |                               |                                     | Father's Birthplace <i>Prince George</i>   |                            |                          |
| Mother's Maiden Name <i>Julia Clagett</i>                 |                               |                                     | Mother's Birthplace <i>Montg. Co., Md.</i> |                            |                          |
| Name of person giving information <i>Chas. W. Johnson</i> |                               |                                     | How related to deceased <i>No relation</i> |                            |                          |

## CAUSES OF DEATH

114

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <i>Enlargement of Liver</i>   | How long <i>Three days</i>                         |
| Immediate   | How long   |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Chas. Farguhar, M.D.</i> |
| <i>As far as known</i>  | Address <i>Olney Md.</i>                           |
| Accident or Suicide?  |  |





|  |  |                                    |  |   |                  |                      |        |      |
|--|--|------------------------------------|--|---|------------------|----------------------|--------|------|
| Name in Full   |  | Samed. Higgins                     |  |   |                  | CERTIFICATE OF DEATH |        |      |
| TO BE ANSWERED BY<br>NEAREST FRIEND                                  |  | Died at                            |  | Town                                    | County           | MARYLAND             |        |      |
|  |  | Date of death                      |  | Month                                   | Day              | Years                | Months | Days |
|  |  | 1907                               |  | April                                   | 19 <sup>th</sup> | Age 88               | -1     | -0   |
|  |  | Sex                                |  | Color or Race                           |                  | Birth-place          |        |      |
|  |  | Male                               |  | White                                   |                  | Maryland             |        |      |
|  |  | Occupation                         |  | Where Residing if not at place of death |                  |                      |        |      |
|  |  | Farmer                             |  | Darnestown                              |                  |                      |        |      |
| Married, Single or Widowed   |  | Name of Wife or <del>husband</del> |  |   |                  |                      |        |      |
| Widowed  |  |                                    |  |   |                  |                      |        |      |
| Father's Name  |  | Father's Birthplace                |  |   |                  |                      |        |      |
| Mother's Maiden Name   |  | Mother's Birthplace                |  |   |                  |                      |        |      |
| Name of person giving information                                    |  | How related to deceased            |  |   |                  |                      |        |      |
| Geo. Higgins   |  | 77 yrs                             |  |   |                  |                      |        |      |
| CAUSES OF DEATH  |  |                                    |  |   |                  |                      |        |      |
| PHYSICIAN OR CORONER   |  | Primary                            |  |   |                  | How long             |        |      |
|  |  |                                    |  |   |                  | —                    |        |      |
|  |  | Immediate                          |  |   |                  | How long             |        |      |
|  |  | Old Age                            |  |   |                  | —                    |        |      |
| Are the name, age, sex, color, date and place correctly given above? |  | Signature of Physician             |  | Address                                 |                  |                      |        |      |
| Geo.   |  | H. Etchenson                       |  | Lantherburg                             |                  |                      |        |      |
|  |  |                                    |  | Maryland                                |                  |                      |        |      |
| Accident or Suicide?   |  |                                    |  |   |                  |                      |        |      |



Name  
in  
Full

Ida Jackson

## CERTIFICATE OF DEATH

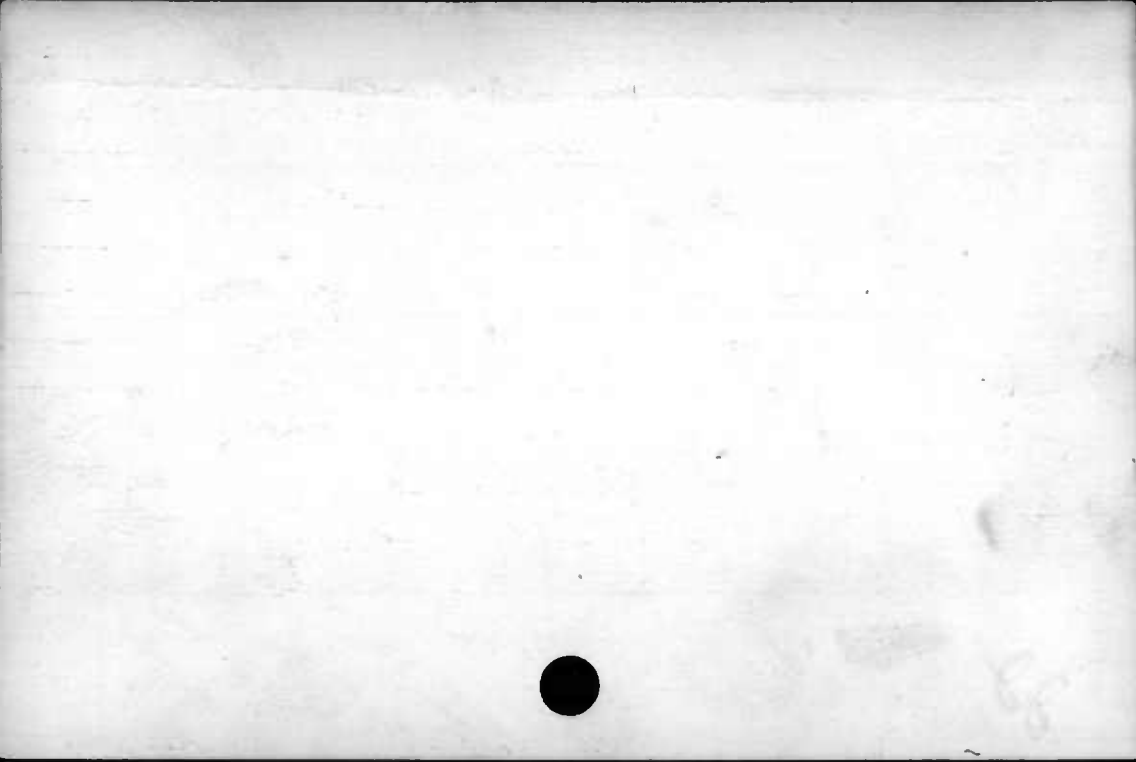
TO BE ANSWERED BY  
NEAREST FRIEND

|  |                           |                |  |                      |        |          |  |
|--|---------------------------|----------------|--|----------------------|--------|----------|--|
| Died at  |                           | Town<br>Edmund |  | County<br>Montgomery |        | MARYLAND |  |
| Date<br>of death                                       | Month<br>April            | Day<br>14      | Age<br>14                                  | Years<br>14          | Months | Days     |  |
| Sex<br>Female  | Color or<br>Race<br>Black |                | Birth-<br>place<br>Garrison Md             |                      |        |          |  |
| Occupation<br>House girl                               |                           |                | Where Residing if not<br>at place of death |                      |        |          |  |
| Married, Single<br>or Widowed<br>Single                |                           |                | Name of Wife or<br>Husband                 |                      |        |          |  |
| Father's<br>Name<br>Joseph Jackson                     |                           |                | Father's<br>Birthplace<br>North Carolina   |                      |        |          |  |
| Mother's<br>Maiden Name<br>Eliza Jackson               |                           |                | Mother's<br>Birthplace<br>Vt.              |                      |        |          |  |
| Name of person giving<br>In formation<br>Lewis Jackson |                           |                | How related<br>to deceased<br>Brother      |                      |        |          |  |

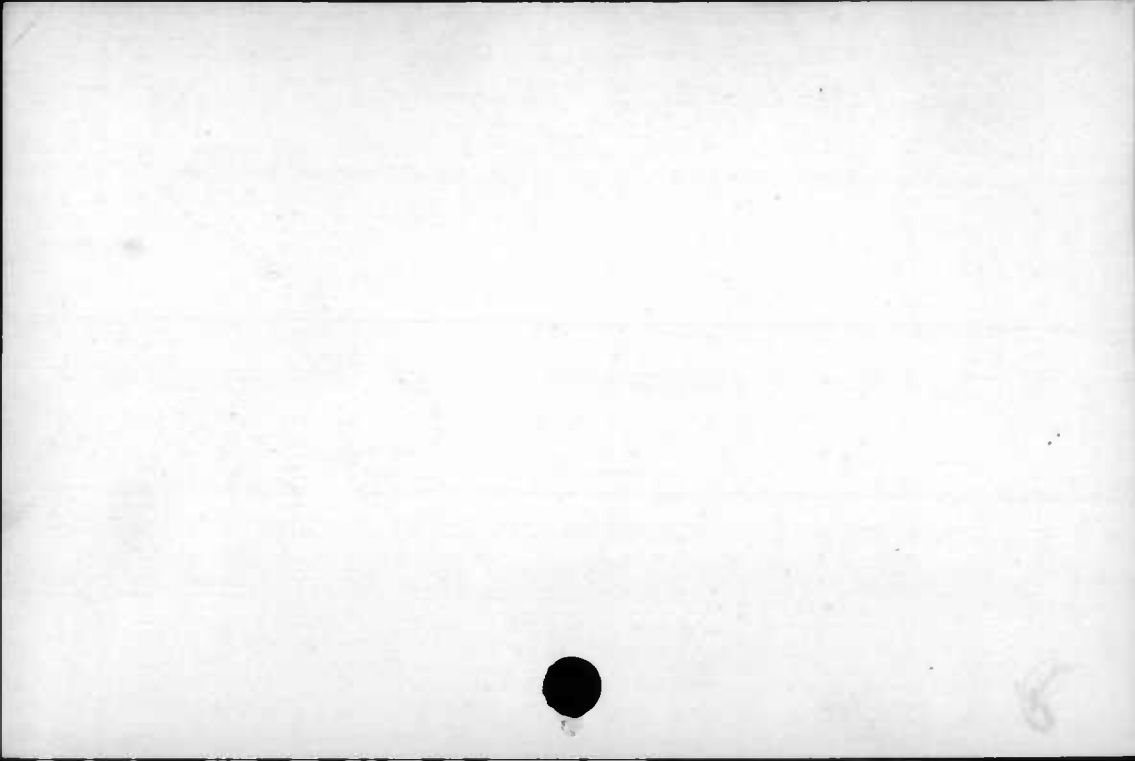
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |     |   |
|--|-----|---|
| Primary<br>Measles   | (6) | How long<br>10 days                       |
| Immediate<br>Convulsions   |     | How long<br>7 days                        |
| Are the name, age, sex, color, date<br>and place correctly given above?<br>yes |     | Signature of<br>Physician<br>J. R. Sutton |
| 8  |     | Address<br>Spencerville<br>Md             |
| Accident or Suicide?   |     |   |



| Name in Full   |  | Henryetta Johnson                            |                         |   |                | CERTIFICATE OF DEATH   |                  |
|--|--|--|-------------------------|---|----------------|------------------------|------------------|
| TO BE ANSWERED BY<br>NEAREST FRIEND  | Died at  | Sugar Land                                   |                         | County                                  |                | MARYLAND               |                  |
|  | Date of death  | 1907   | Month 4                 | Day 22                                  | Years 53       | Months 7               | Days 7           |
|  | Sex  | Female                                       |                         | Color or Race                           | Negro          |                        |                  |
|  | Occupation   | Housewife                                    |                         | Where Residing if not at place of death | Henryetta, Md. |                        |                  |
|  | Married, Single or Widowed   | Single                                       |                         | Name of Husband                         | John Johnson   |                        |                  |
|  | Father's Name  | Unknown                                      |                         | Father's Birthplace                     | Unknown        |                        |                  |
|  | Mother's Maiden Name   | Unknown                                      |                         | Mother's Birthplace                     | Unknown        |                        |                  |
| Name of person giving information  | Physician  |  | How related to deceased |   |                |                        |                  |
| <div style="text-align: center;">CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; width: 60px; margin: 0 auto; padding: 5px;">93</div> |  |  |                         |   |                |                        |                  |
| PHYSICIAN<br>OR CORONER  | Primary  | Lobar Pneumonia                              |                         |   |                | How long               | 24 hours         |
|  | Immediate  | Coma - (Acute congestive stage of pneumonia) |                         |   |                | How long               |                  |
|  | Are the name, age, sex, color, date and place correctly given above? | Yes  |                         |   |                | Signature of Physician | W. D. Nurse W.D. |
|  |  |  |                         |   |                | Address                | W. D. Nurse W.D. |
| Accident or Suicide? <input type="checkbox"/>  |  |  |                         |   |                |                        |                  |



Name  
in  
Full

Michael P. Keiff

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

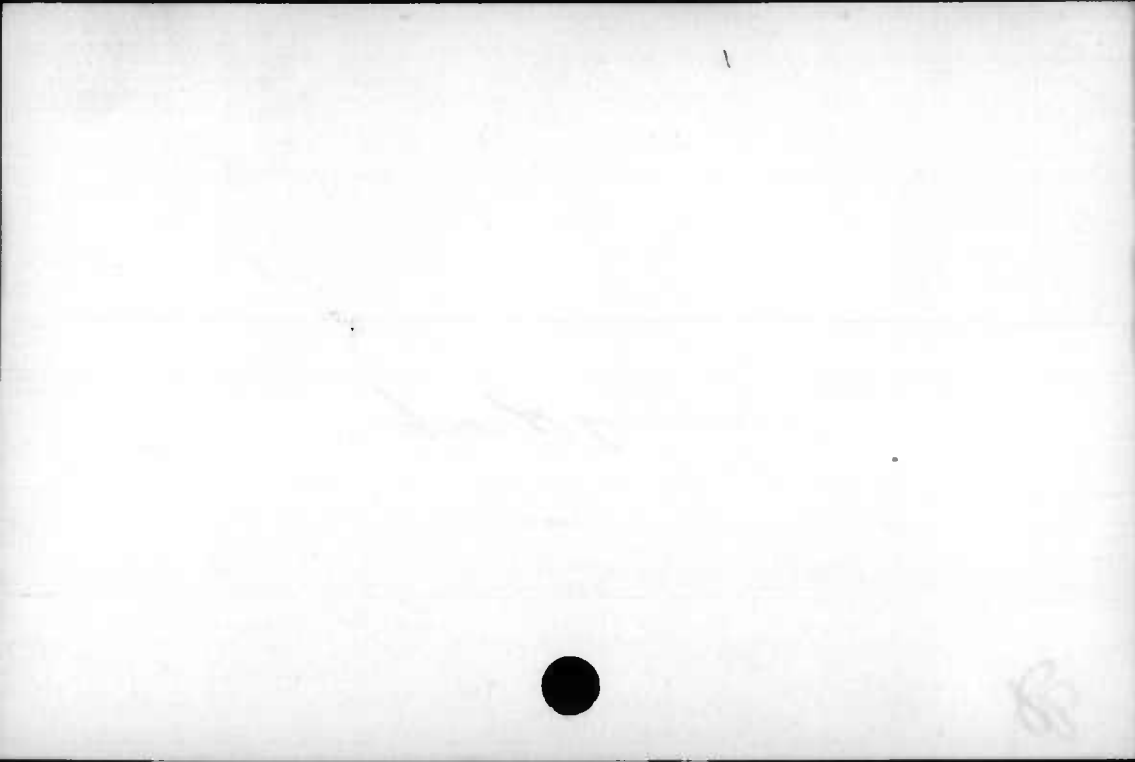
|  |                            |                                  |   |   |              |                       |  |
|--|----------------------------|----------------------------------|---|---|--------------|-----------------------|--|
| Died at <i>near Rockville</i>                            |                            | Town <i>Rockville</i>            |   | County <i>Montgomery</i>                  |              | State <i>MARYLAND</i> |  |
| Date of death <i>1907</i>                                | Month <i>4</i>             | Day <i>24</i>                    | Years <i>93</i>   | Months <i>1</i>                           | Days <i></i> |                       |  |
| Sex <i>Male</i>  | Color or Race <i>White</i> |                                  | Birth-place <i>Ireland</i>  |   |              |                       |  |
| Occupation <i>School Teacher</i>                         |                            |                                  | Where Residing if not at place of death <input checked="" type="checkbox"/> |   |              |                       |  |
| Married, Single or Widowed <i>Single</i>                 |                            | Name of Wife or Husband <i>X</i> |   |   |              |                       |  |
| Father's Name <i>Dont know</i>                           |                            |                                  |   | Father's Birthplace <i>Ireland</i>        |              |                       |  |
| Mother's Maiden Name <i>Dont know</i>                    |                            |                                  |   | Mother's Birthplace <i>Ireland</i>        |              |                       |  |
| Name of person giving information <i>William Rabbitt</i> |                            |                                  |   | How related to deceased <i>Not at all</i> |              |                       |  |

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <i>Senile Debility</i>  | How long <i></i>                                   |
| Immediate <i>Shock of dislocated shoulder</i>                                   | How long <i>Three days</i>                         |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Edward Anderson M.D.</i> |
| <i>J</i>  | Address <i>Rockville, Md.</i>                      |
|   | Accident or Suicide? <i></i>                       |





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

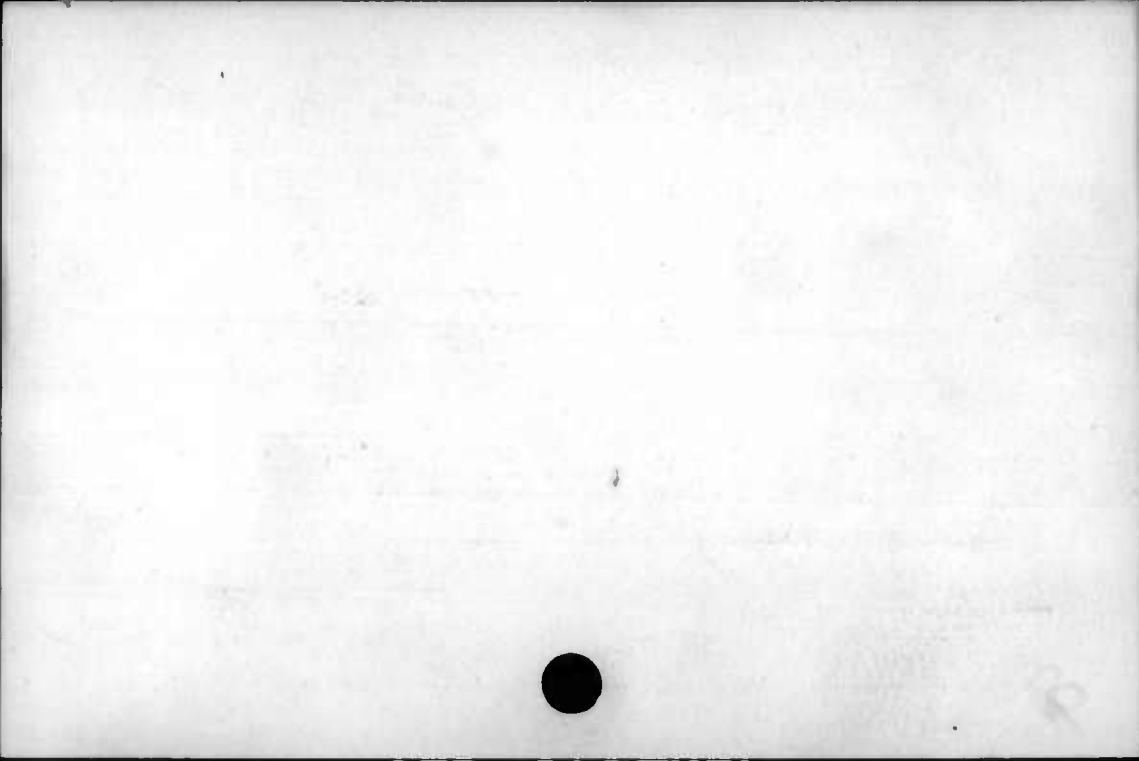
|   |  |   |  |                              |  |                          |  |
|---|--|---|--|------------------------------|--|--------------------------|--|
| Name in Full<br><i>John Henry Knock</i>                 |  | Town<br><i>Monroeville</i>              |  | County<br><i>Montgomery</i>  |  | State<br><i>MARYLAND</i> |  |
| Died at<br><i>Monroeville</i>                           |  | Month<br><i>April</i>                   |  | Day<br><i>22</i>             |  | Age<br><i>83</i>         |  |
| Date of death<br><i>1907</i>                            |  | Month<br><i>April</i>                   |  | Day<br><i>22</i>             |  | Age<br><i>83</i>         |  |
| Sex<br><i>Male</i>                                      |  | Color or Race<br><i>White</i>           |  | Birthplace<br><i>Germany</i> |  | Months<br><i>6</i>       |  |
| Occupation  |  | Where Residing if not at place of death |  |                              |  |                          |  |
| Married, Single or Widowed<br><i>Married</i>            |  | Name of Wife or Husband<br><i>Marie</i> |  |                              |  |                          |  |
| Father's Name<br><i>Henry</i>                           |  | Father's Birthplace<br><i>Germany</i>   |  |                              |  |                          |  |
| Mother's Maiden Name                                    |  | Mother's Birthplace<br><i>Germany</i>   |  |                              |  |                          |  |
| Name of person giving information<br><i>Henry Knock</i> |  | How related to deceased                 |  |                              |  |                          |  |

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

|  |  |   |  |
|--|--|---|--|
| Primary<br><i>Organic Heart Disease</i>                              |  | How long<br><i>X</i>                                  |  |
| Immediate<br><i>Exhaustion</i>                                       |  | How long<br><i>6 weeks</i>                            |  |
| Are the name, age, sex, color, date and place correctly given above? |  | Signature of Physician<br><i>O. M. Linthicum M.D.</i> |  |
|  |  | Address<br><i>Rockville Md</i>                        |  |
| Accident or Suicide?<br><i>+</i>                                     |  |   |  |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

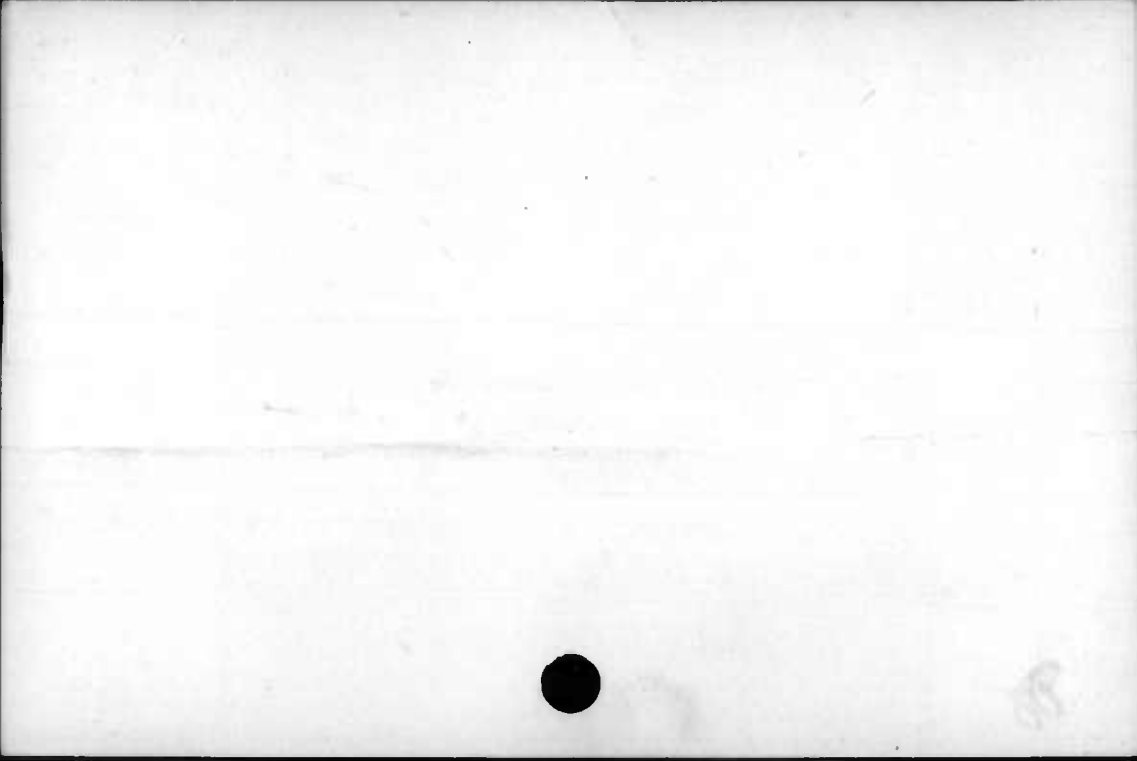
|  |  |  |  |                                    |  |                          |  |
|--|--|--|--|------------------------------------|--|--------------------------|--|
| Name in Full<br><i>Geo. Lancaster</i>                    |  | Town<br><i>Fairland</i>                    |  | County<br><i>Montgomery</i>        |  | State<br><i>MARYLAND</i> |  |
| Died at<br><i>Fairland</i>                               |  | Month<br><i>4</i>                          |  | Day<br><i>13</i>                   |  | Years<br><i>67</i>       |  |
| Date of death<br><i>1907</i>                             |  | Month<br><i>4</i>                          |  | Day<br><i>13</i>                   |  | Age<br><i>67</i>         |  |
| Sex<br><i>male</i>                                       |  | Color or Race<br><i>Black</i>              |  | Birth-place<br><i>D. C. Co. Md</i> |  |                          |  |
| Occupation<br><i>Penitentiary old Soldier</i>            |  | Where Residing if not at place of death    |  |                                    |  |                          |  |
| Married, Single or Widowed                               |  | Name of Wife or Husband                    |  |                                    |  |                          |  |
| Father's Name<br><i>Peter Lancaster</i>                  |  | Father's Birthplace<br><i>D. C. Co. Md</i> |  |                                    |  |                          |  |
| Mother's Maiden Name<br><i>Caroline Jones</i>            |  | Mother's Birthplace<br><i>" " " " " "</i>  |  |                                    |  |                          |  |
| Name of person giving information<br><i>Geo. Jackson</i> |  | How related to deceased<br><i>none</i>     |  |                                    |  |                          |  |

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

|  |   |
|--|---|
| Primary<br><i>Myocardial Insufficiency</i>   | How long<br><i>4 weeks</i>                    |
| Immediate<br><i>heart failure</i>  | How long<br><i>3 days</i>                     |
| Are the name, age, sex, color, date and place correctly given above?<br><i>yes</i> | Signature of Physician<br><i>J. R. Butson</i> |
| Accident or Suicide?   | Address<br><i>Spencerville Md</i>             |



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name Clara Lee Town Sugarland County Montgomery

Died at Sugarland

Date of death 1907 Month 4 Day 21 Age 1 Years Months — Days —

Sex Female Color or Race Negro Birth-place Sugar Land Md.

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Wallace Lee Father's Birthplace Montgomery Co.

Mother's Maiden Name Mattie Lynch Mother's Birthplace Montgomery Co.

Name of person giving information Physician How related to deceased —

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

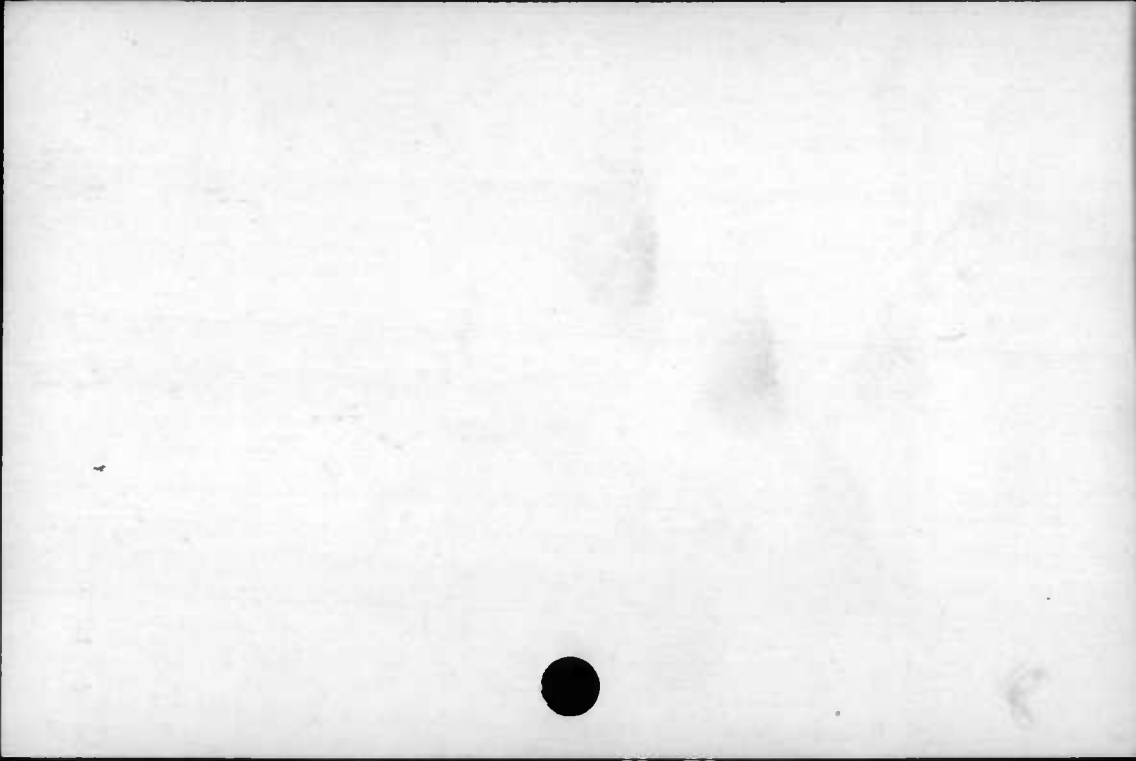
Primary Pneumonia (Broncho) How long Two weeks

Immediate Asphyxia How long —

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician H. D. Truitt M.D. Address Dorsonville Md.

Accident or Suicide? —



Name  
in  
Full

Florence Gertrude Mercer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

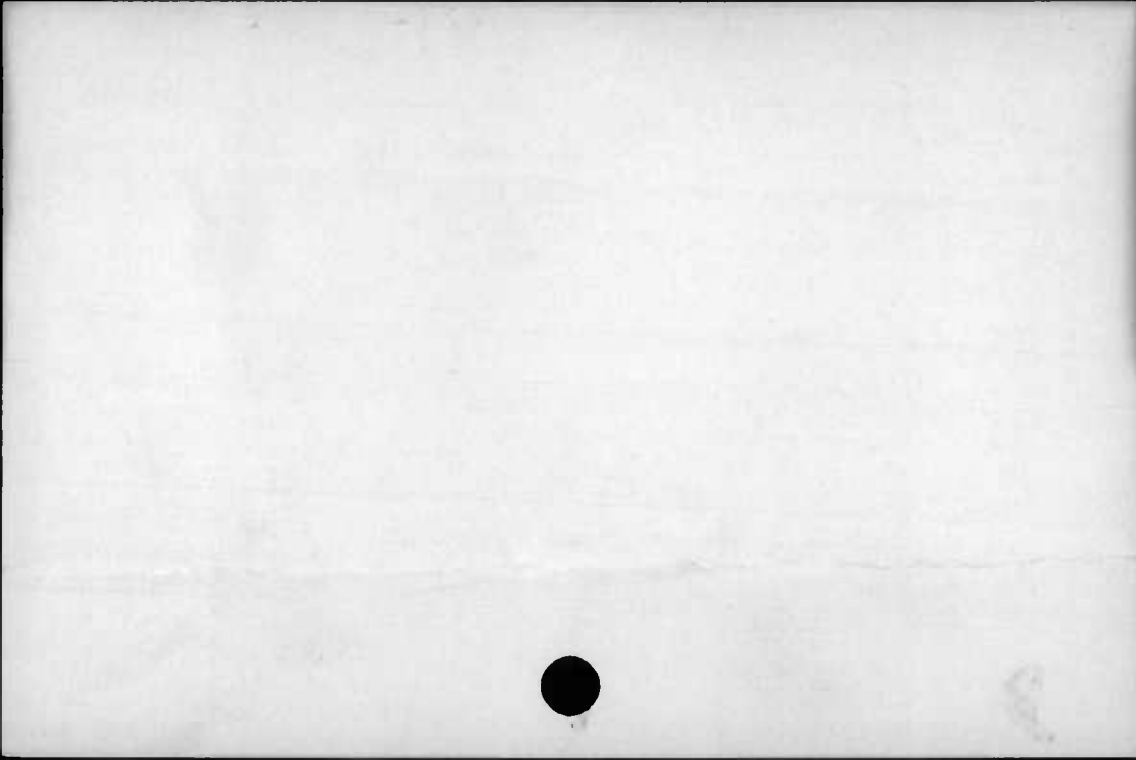
|   |                            |                          |  |          |        |
|---|----------------------------|--------------------------|--|----------|--------|
| Died at <i>Barnsville Sta</i>                           |                            | County <i>Montgomery</i> |  | MARYLAND |        |
| Date of death   | Month                      | Day                      | Age  | Years    | Months |
| <i>1907</i>   | <i>April</i>               | <i>21</i>                | <i>Three</i>                                   |          |        |
| Sex <i>Female</i>                                       | Color or Race <i>Black</i> |                          | Birth-place <i>Mt Jim Md</i>                   |          |        |
| Occupation  |                            |                          | Where Residing if not at place of death        |          |        |
| Married, Single or Widowed <i>Single</i>                |                            |                          | Name of Wife or Husband                        |          |        |
| Father's Name <i>Caswell Mercer</i>                     |                            |                          | Father's Birthplace <i>Mt Jim Md</i>           |          |        |
| Mother's Maiden Name <i>Viola Mercer Arthur</i>         |                            |                          | Mother's Birthplace <i>Montgomery Maryland</i> |          |        |
| Name of person giving information <i>Caswell Mercer</i> |                            |                          | How related to deceased <i>Father</i>          |          |        |

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <i>Pneumonia</i>  | How long <i>Two days</i>                    |
| Immediate <i>Heart Failure</i>  | How long                                    |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>H. Stonestuck</i> |
|   | Address <i>Barnsville Md</i>                |
| Accident or Suicide?  |   |





Name  
in  
FullBoy 8 months old not Mullican  
named

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |                |                                     |                                       |                             |               |
|---|----------------|-------------------------------------|---------------------------------------|-----------------------------|---------------|
| Died at <i>Layhill</i> <sup>Town</sup>                          |                | <i>Montgomery</i> <sup>County</sup> |                                       | MARYLAND                    |               |
| Date of death 190 <i>7</i>                                      | Month <i>4</i> | Day <i>1</i>                        | Age <i>8</i> <del>Years</del>         | Months <i>8</i>             | Days <i>4</i> |
| Sex <i>Male</i>   |                | Color or Race <i>white</i>          |                                       | Birth-place <i>Lay Hill</i> |               |
| Married, Single or Widowed <i>—</i>                             |                |                                     | Occupation <i>—</i>                   |                             |               |
| Name of Wife or Husband <i>—</i>                                |                |                                     |                                       |                             |               |
| Father's Name <i>Arthur Mulligan</i>                            |                |                                     | Father's Birthplace <i>Lay Hill</i>   |                             |               |
| Mother's Maiden Name <i>Nettie Brown</i>                        |                |                                     | Mother's Birthplace <i>Lay Hill</i>   |                             |               |
| Name of person giving information <i>Arthur Mulligan Foster</i> |                |                                     | How related to deceased <i>Foster</i> |                             |               |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <i>acute Congestion of Lungs</i>                            | How long <i>12-hours</i>                   |
| Immediate <i>Asphyxia</i>   | How long                                   |
| Are the name, age, sex, color, date and place correctly given above | Signature of Physician <i>Roger Brooke</i> |
|   | Address <i>Sandy Spring Md</i>             |
| Accident or Suicide? <i>9</i>                                       |  |



Name  
in  
Full

*John Mulligan*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |                        |                             |        |        |          |  |
|--|--|------------------------|-----------------------------|--------|--------|----------|--|
| Died at <i>near Frederick</i>                            |  | Town <i>Montgomery</i> |                             | County |        | MARYLAND |  |
| Date of death <i>1907</i>                                | Month <i>4</i>                                   | Day <i>6</i>           | Age <i>82</i>               | Years  | Months | Days     |  |
| Sex <i>Male</i>  | Color or Race <i>White</i>                       |                        | Birth place <i>Maryland</i> |        |        |          |  |
| Occupation <i>Blacksmith</i>                             | Where Residing if not at place of death <i>X</i> |                        |                             |        |        |          |  |
| Married, Single or Widowed <i>Married</i>                | Name of Wife or Husband <i>Rachel Mulligan</i>   |                        |                             |        |        |          |  |
| Father's Name <i>John Mulligan</i>                       | Father's Birthplace <i>Maryland</i>              |                        |                             |        |        |          |  |
| Mother's Maiden Name <i>Lucy Dodson</i>                  | Mother's Birthplace <i>Maryland</i>              |                        |                             |        |        |          |  |
| Name of person giving information <i>George Mulligan</i> | How related to deceased <i>Nephew</i>            |                        |                             |        |        |          |  |

CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <i>Nephritis &amp; Tubular disease</i>                                  | How long <i>Three years</i>                        |
| Immediate <i>Acute indigestion</i>  | How long <i>One hour</i>                           |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Edmond Anderson M.D.</i> |
|   | Address <i>Berkville, Md.</i>                      |
| Accident or Suicide?  |  |

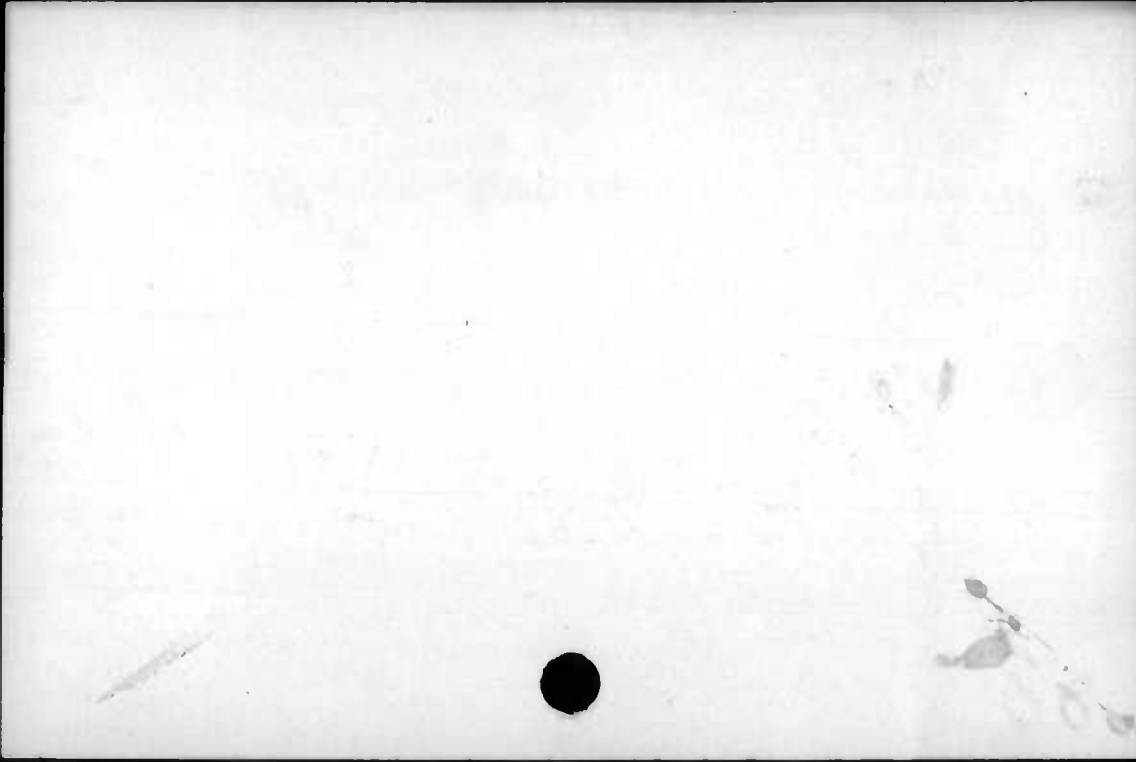


# CERTIFICATE OF DEATH

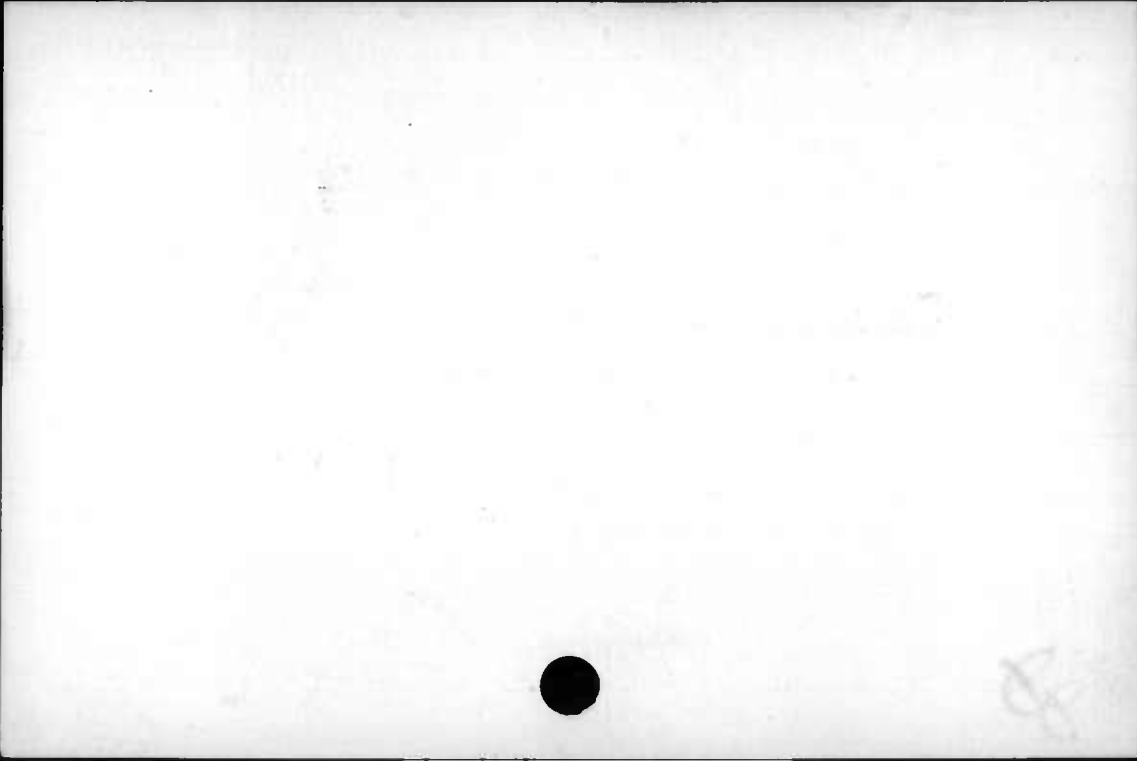
|                                   |                           |                      |                                  |                        |                                      |
|-----------------------------------|---------------------------|----------------------|----------------------------------|------------------------|--------------------------------------|
| Died at <i>Travilah</i>           |                           | County <i>Montg.</i> |                                  | MARYLAND               |                                      |
| Date of death                     | <i>1907</i>               | Month <i>April</i>   | Day <i>28</i>                    | Age <i>68</i>          | Years <i>7</i> Months <i>19</i> Days |
| Sex                               | <i>Male</i>               |                      | Color or Race                    | <i>White, American</i> |                                      |
| Occupation                        | <i>Farmer</i>             |                      | Where Residing at place of death | <i>Near Travilah</i>   |                                      |
| Married, Single or Widowed        | <i>Yes</i>                |                      | Name of Wife or Husband          | <i>Sarah E. Offutt</i> |                                      |
| Father's Name                     | <i>Jas. Offutt</i>        |                      | Father's Birthplace              | <i>Travilah, Md.</i>   |                                      |
| Mother's Maiden Name              | <i>Rosetta E. Seander</i> |                      | Mother's Birthplace              | <i>Mary, Co., Va.</i>  |                                      |
| Name of person giving information | <i>Midford Offutt</i>     |                      | How related to deceased          | <i>Half Brother</i>    |                                      |

### CAUSES OF DEATH

|   |  |
|---|--|
| Primary: <i>Gastritis or malnutrition</i>                                       | How long: <i>years 6.5</i>                       |
| Immediate: <i>Grippe &amp; exhaustion</i>                                       | How long: <i>10. days</i>                        |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician: <i>W. H. Hulse, M.D.</i> |
|   | Address: <i>W. H. Hulse, M.D.</i>                |
| Accident or Suicide?  |  |



| Name in Full  |   | Henry Plater           |                |                      |                         | CERTIFICATE OF DEATH |      |
|---|---|------------------------|----------------|----------------------|-------------------------|----------------------|------|
| TO BE ANSWERED BY<br>NEAREST FRIEND   | Died at   | Town<br>Poolesville    |                | County<br>Montgomery |                         | MARYLAND             |      |
|   | Date of death   | 1907                   | Month<br>April | Day<br>19            | Age<br>52               | Months               | Days |
|   | Sex   | Male                   |                | Color or Race        | Negro                   |                      |      |
|   | Occupation  | Stone Mason            |                | Birthplace           | Montgomery Co. Md.      |                      |      |
|   | Where Residing if not at place of death   |                        |                |                      |                         |                      |      |
|   | Married, Single or Widowed  | Single                 |                |                      |                         |                      |      |
|   | Name of Wife or Husband   | Vini Beece             |                |                      |                         |                      |      |
| FATHER'S NAME   | Henry Plater  |                        |                |                      | Father's Birthplace     |                      |      |
|   |   |                        |                |                      | Md.                     |                      |      |
|   | Mother's Maiden Name  |                        |                |                      | Mother's Birthplace     |                      |      |
|   | Jane Hallman  |                        |                |                      | Md.                     |                      |      |
| Name of person giving information   | Levin Beece   |                        |                |                      | How related to deceased |                      |      |
|   |   |                        |                |                      | Not at all              |                      |      |
| <div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">79</div> |   |                        |                |                      |                         |                      |      |
| PHYSICIAN OR CORONER  | Primary   | Valvular heart disease |                |                      |                         | How long             |      |
|   |   |                        |                |                      |                         | unknown              |      |
|   | Immediate   | Indigestion            |                |                      |                         | How long             |      |
|   |   |                        |                |                      |                         | unknown              |      |
| Are the name, age, sex, color, date and place correctly given above?  | Signature of Physician  |                        |                |                      | B. W. Walling           |                      |      |
|   | Address   |                        |                |                      | Poolesville, Md.        |                      |      |
| Accident or Suicide?  | <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; background-color: black; border-radius: 50%;"></div> </div> |                        |                |                      |                         |                      |      |





Name  
in  
Full

Mary Robinson

## CERTIFICATE OF DEATH

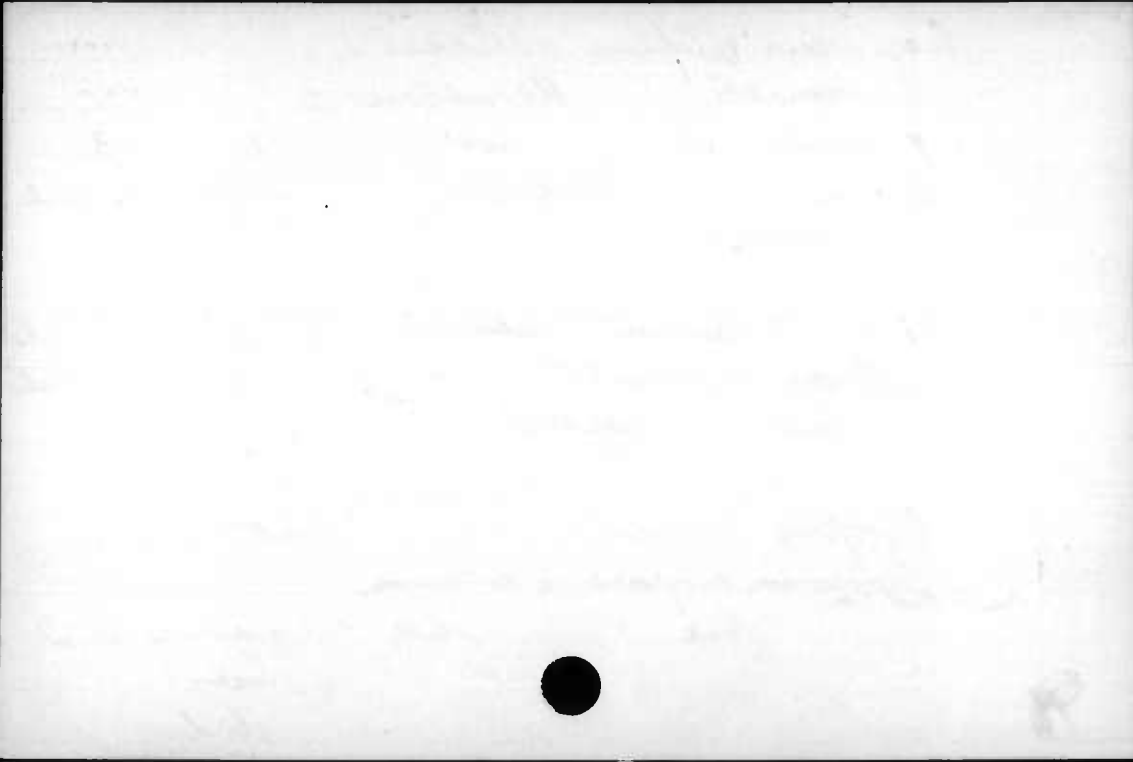
TO BE ANSWERED BY  
NEAREST FRIEND

|                                      |               |                    |                            |  |           |                            |              |
|--------------------------------------|---------------|--------------------|----------------------------|--|-----------|----------------------------|--------------|
| Died at                              |               | Town<br>Kensington |                            | County<br>Montgomery                               |           | MARYLAND                   |              |
| Date<br>of death                     |               | 1907               | Month<br>April             | Day<br>7   | Age<br>68 | Years<br>8                 | Months<br>20 |
| Sex                                  | Female        |                    | Color or<br>Race           | White  |           | Birth-<br>place            | Del.         |
| Occupation                           | None          |                    |                            | Where Residing if not<br>at place of death<br>Same |           |                            |              |
| Married, Single<br>or Widowed        | Married       |                    | Name of Wife or<br>Husband | Burton Robinson                                    |           |                            |              |
| Father's<br>Name                     | David Dorman  |                    |                            |  |           | Father's<br>Birthplace     | Del.         |
| Mother's<br>Maiden Name              | Nellie Dorman |                    |                            |  |           | Mother's<br>Birthplace     | Del.         |
| Name of person giving<br>Information | Hattie Buser  |                    |                            |  |           | How related<br>to deceased | Daughter     |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |                        |               |       |
|---|------------------------|---------------|-------|
| Primary   | Pulmonary Tuberculosis | How long      | 3 yrs |
| Immediate   | Exhaustion             | How long      | X     |
| Are the name, age, sex, color, date<br>and place correctly given above? |                        | yes           |       |
| Signature of<br>Physician   |                        | W. L. Linn    |       |
| Address   |                        | Kensington Md |       |
| Accident or Suicide?  |                        | no            |       |



Name

in

Full

Augustus Stephen Russell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |                       |                              |                                       |          |        |
|---|-----------------------|------------------------------|---------------------------------------|----------|--------|
| Died at <sup>Town</sup> Brookville                |                       | <sup>County</sup> Montgomery |                                       | MARYLAND |        |
| Date of death 190                                 | 7 April               | 16                           | Age Two                               | Months 2 | Days 3 |
| Sex Male  | Color or Race Colored | Birth-place Mountz. Co., Md. |                                       |          |        |
| Married, Single or Widowed Single                 | Occupation            |                              |                                       |          |        |
| Name of Wife or Husband                           |                       |                              |                                       |          |        |
| Father's Name George Washington Russell           |                       |                              | Father's Birth-place Mountz. Co., Md. |          |        |
| Mother's Maiden Name Mary Kearny                  |                       |                              | Mother's Birth-place Mountz. Co., Md. |          |        |
| Name of person giving information Geo. W. Russell |                       |                              | How related to deceased Father        |          |        |

## CAUSES OF DEATH

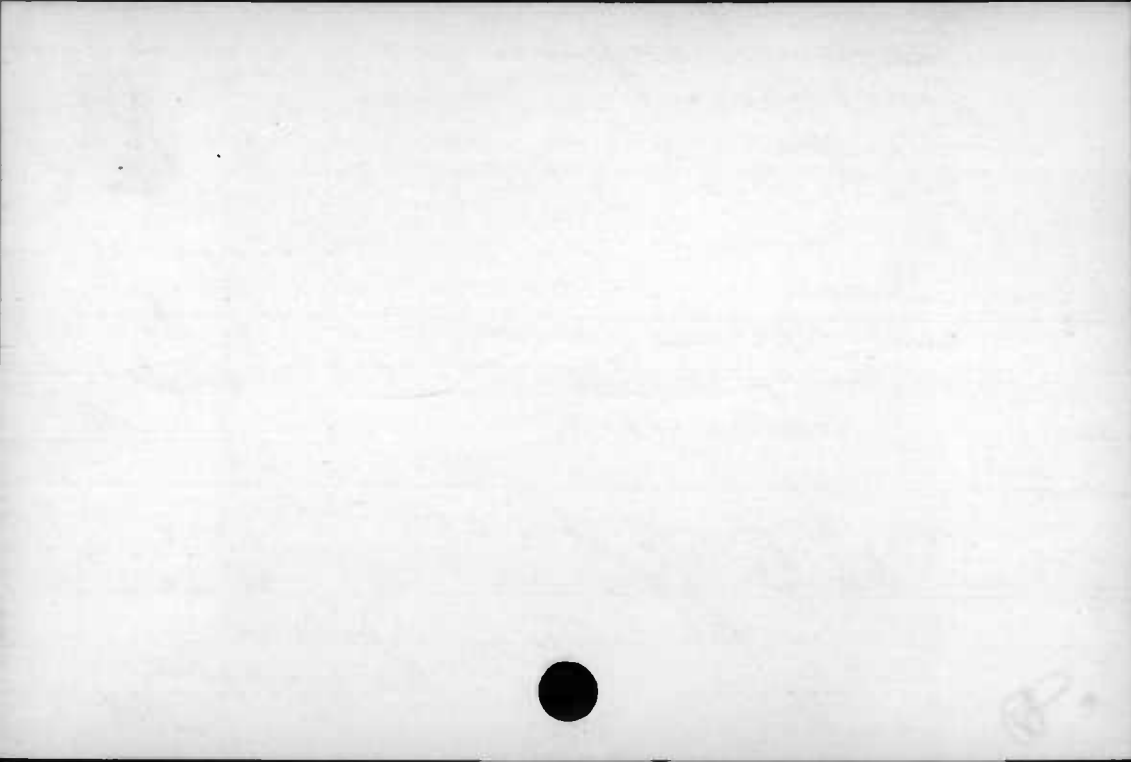
How long

About one year

How long

PHYSICIAN  
OR CORONER

|  |   |
|--|---|
| Primary Whooping cough   | How long About one year                     |
| Immediate Pneumonia supposed as No Physician in attendance               | How long                                    |
| Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician Chas. Farguhar, M.D. |
|  | Address Olney, Md.                          |
| Accident or Suicide?   |   |



Name  
in  
Full

## CERTIFICATE OF DEATH

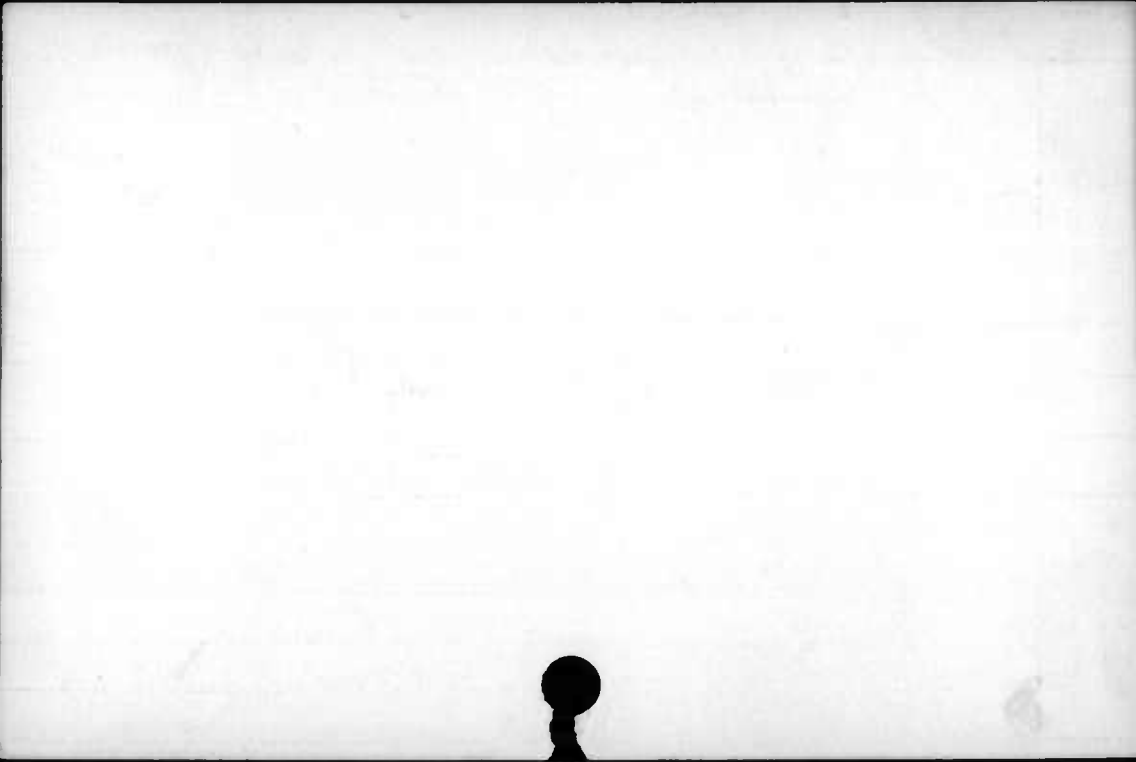
TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                |                        |   |                        |         |          |    |
|-----------------------------------|----------------|------------------------|---|------------------------|---------|----------|----|
| Died at <i>Forest Glen</i>        |                | Town <i>Montgomery</i> |   | County                 |         | MARYLAND |    |
| Date of death                     | 1907           | Month                  | April                                   | Day                    | 2       | Age      | 71 |
| Sex                               | Male           | Color or Race          | White                                   | Birth-place            | England | Months   | 11 |
| Occupation                        | Builder        |                        | Where Residing if not at place of death | Same                   |         |          |    |
| Married, Single or Widowed        | Married        |                        | Name of Wife or Husband                 | Harriett Horne Simpson |         |          |    |
| Father's Name                     | Thomas Simpson |                        | Father's Birthplace                     | England                |         |          |    |
| Mother's Maiden Name              | Mary Simpson   |                        | Mother's Birthplace                     | England                |         |          |    |
| Name of person giving information | Emma Dorth     |                        | How related to deceased                 | Daughter               |         |          |    |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                                |                        |                       |
|--|--------------------------------|------------------------|-----------------------|
| Primary  | <i>Fatal Degener. of Heart</i> | How long               | <i>1 mo</i>           |
| Immediate  | <i>La Grippe</i>               | How long               | <i>5 days</i>         |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i>                     | Signature of Physician | <i>W. L. Lewis</i>    |
|  |                                | Address                | <i>Kensington, Md</i> |
| Accident or Suicide?   | <i>no</i>                      |                        |                       |



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |                            |                                  |  |                   |                      |
|--|----------------------------|----------------------------------|--|-------------------|----------------------|
| Died at <u>Serwood</u> Town                          |                            | <u>Monterey</u> County           |  | MARYLAND          |                      |
| Date of death  | <u>1907</u>                | Month <u>4</u>                   | Day <u>26</u>                                    | Age <u>X</u> Year | Months <u>5</u> Days |
| Sex <u>Female</u>                                    | Color or Race <u>White</u> |                                  | Birth-place <u>Ma</u>                            |                   |                      |
| Occupation <u>X</u>                                  |                            |                                  | Where Residing if not at place of death <u>X</u> |                   |                      |
| Married, Single or Widowed <u>X</u>                  |                            | Name of Wife or Husband <u>X</u> |  |                   |                      |
| Father's Name <u>Chas Taylor</u>                     |                            |                                  | Father's Birthplace <u>Ma</u>                    |                   |                      |
| Mother's Maiden Name <u>May Hagard</u>               |                            |                                  | Mother's Birthplace <u>Ma</u>                    |                   |                      |
| Name of person giving information <u>Chas Taylor</u> |                            |                                  | How related to deceased <u>Frater</u>            |                   |                      |

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

|  |  |
|--|--|
| Primary <u>Inanition</u>   | How long <u>all up</u>                             |
| Immediate <u>Exhaustion</u>  | How long <u>—</u>                                  |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <u>O. M. L. L. L. L. L.</u> |
|  | Address <u>Rockville Md</u>                        |
| Accident or Suicide? <u>X</u>  |  |

